

# Quarterly Financial Review (Apr '08)

## Office of Medicaid Policy & Planning



*"People helping people help themselves"*

### Office of Medicaid Policy & Planning

Dr. Jeff Wells

Director

### Quality & Outcomes

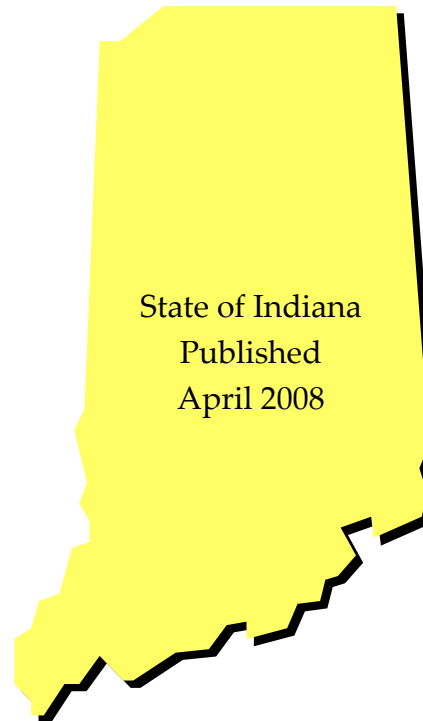
Dr. Caroline Carney Doebbeling

Director

### Office of Medicaid Policy & Planning

Terri Willits, CPA

Controller



State of Indiana

Published

April 2008

# Strategic Priorities



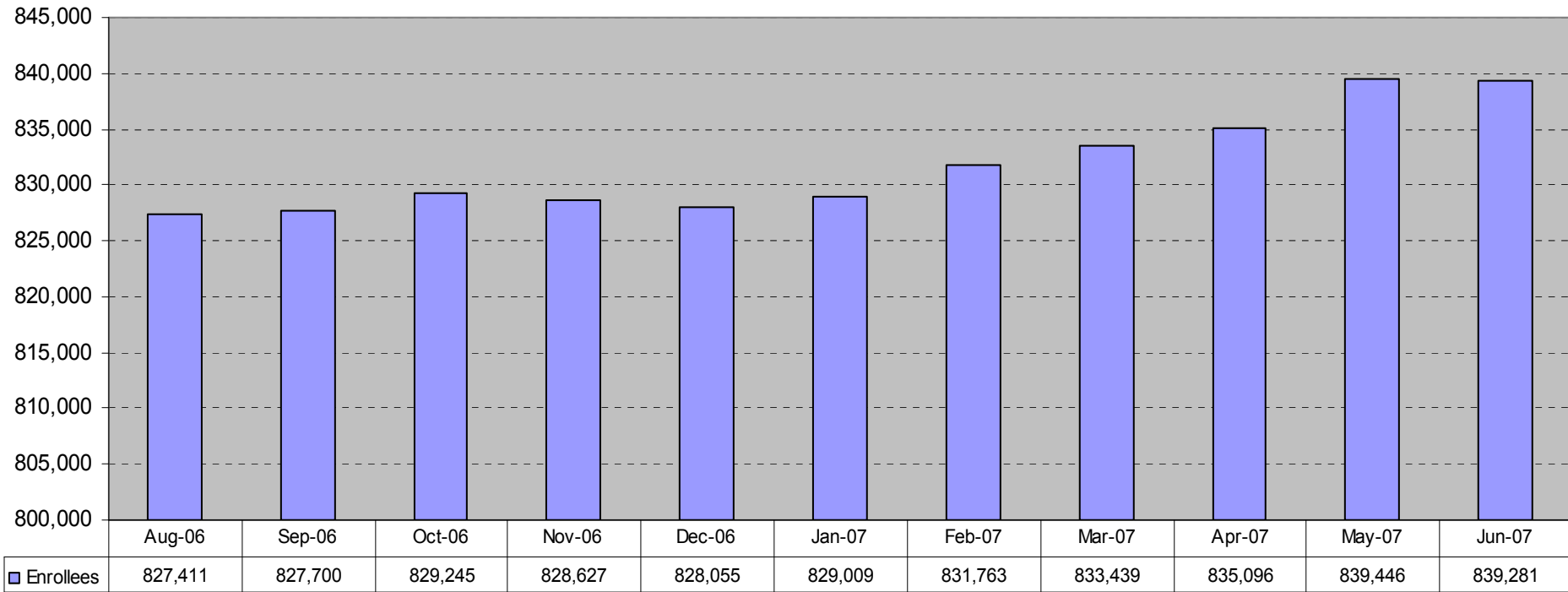
- Value Driven Healthcare
  - Universal Coverage-Individual enfranchisement over institutional entitlement
  - Four Cornerstones
    - Interoperable Health Information technology
    - Measure and Publish Quality Information
    - Measure and Publish Price Information
    - Promote Quality and Efficiency of Care
- Data Management and Analysis
- Fiscal Discipline
- Program Integrity
- Streamline Processes

# Outcome Priorities



- Hoosier Healthwise
  - Prenatal and Early Childhood Care
  - Prevention, Wellness
  - Behavioral Health Care and Quality Outcomes
- Healthy Indiana Plan
  - Prevention, Wellness
  - Chronic Disease Management
- Care Select
  - Care Coordination
  - Disease Management
  - Physical and Mental Health Integration
  - Behavioral Health Care and Quality Outcomes

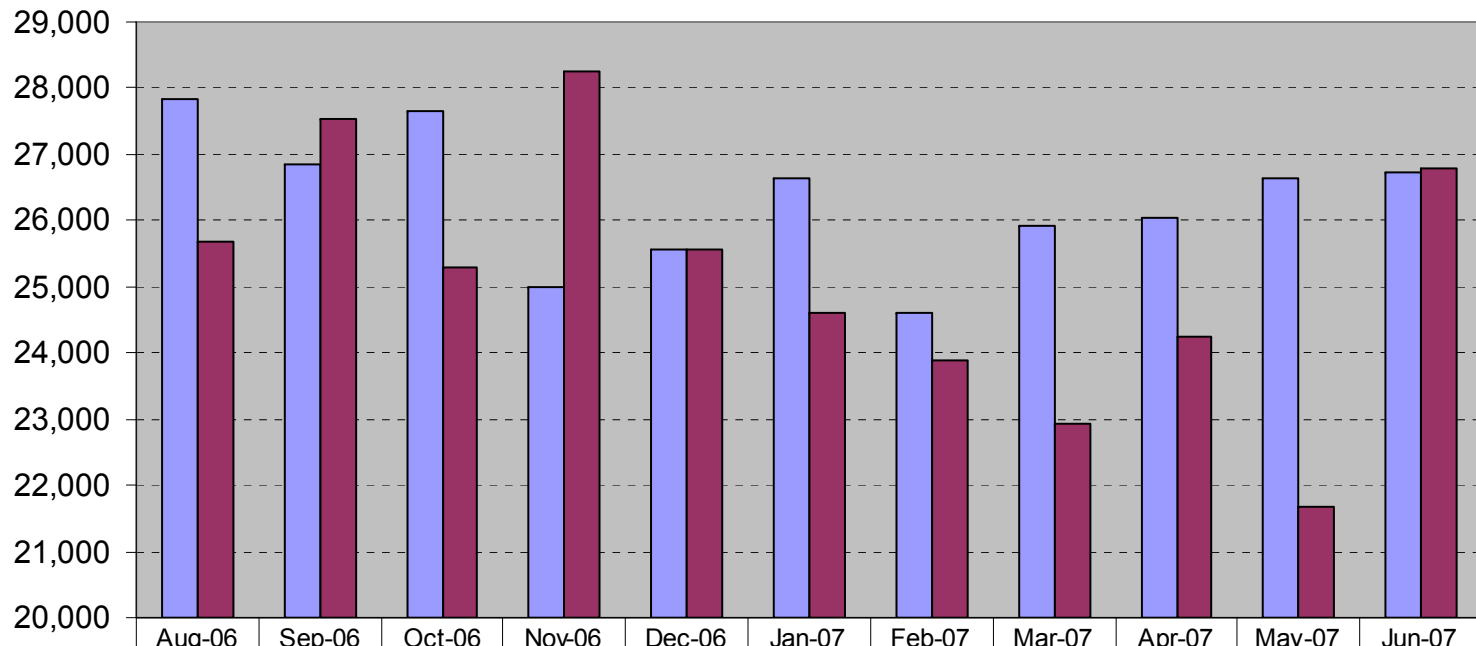
# Total Medicaid Avg. Monthly Enrollment



**Notes:** All Medicaid Enrollees.

**Source:** MedInsight.

# Enrollment Churn



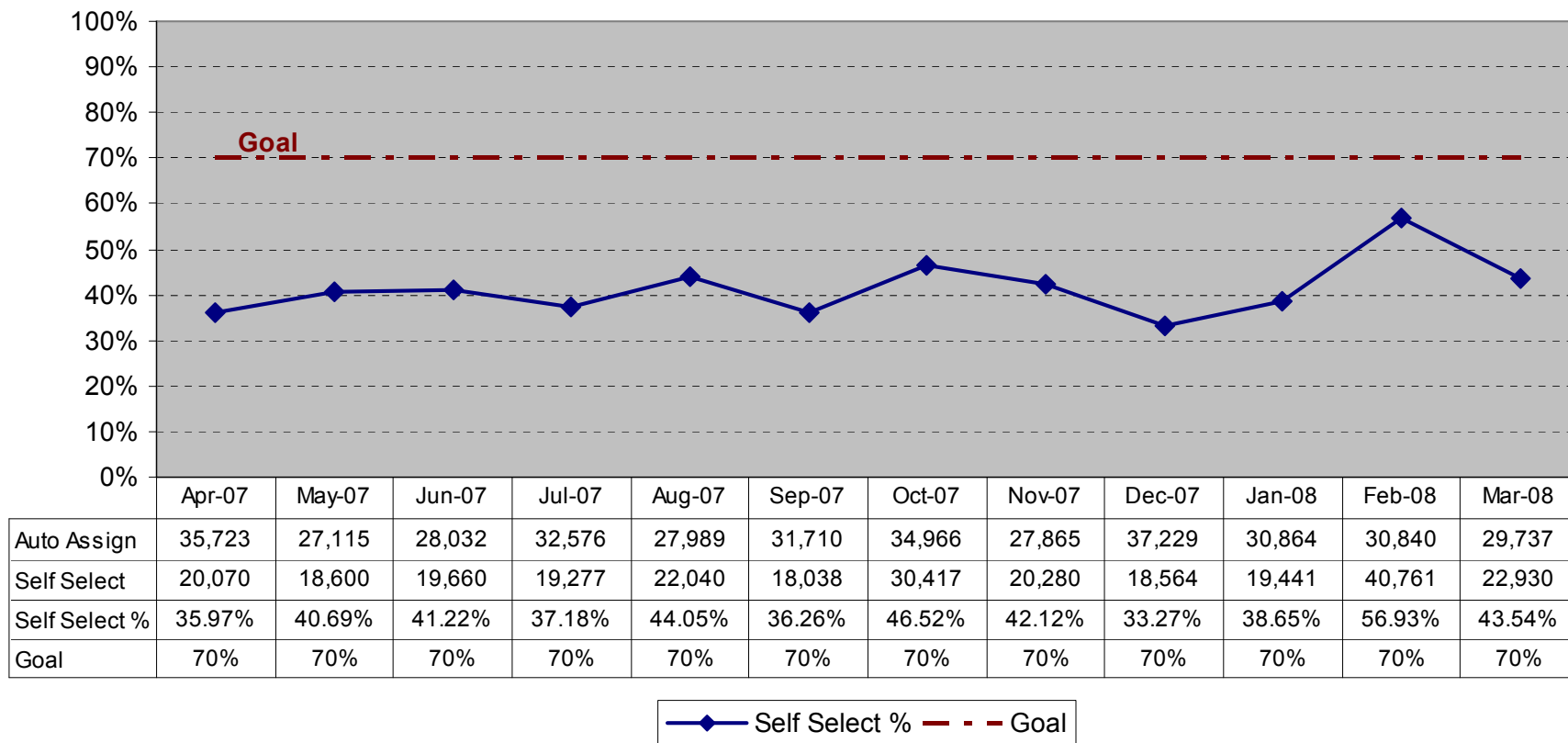
■ Entering Enrollees	27,832	26,834	27,643	24,985	25,559	26,648	24,616	25,917	26,027	26,632	26,742
■ Exiting Enrollees	25,684	27,543	25,289	28,261	25,557	24,605	23,894	22,940	24,260	21,677	26,797
Churn	2,148	-709	2,354	-3,276	2	2,043	722	2,977	1,767	4,955	-55
Churn %	0.26%	-0.09%	0.28%	-0.40%	0.00%	0.25%	0.09%	0.36%	0.21%	0.59%	-0.01%

■ Entering Enrollees ■ Exiting Enrollees

**Notes:** Risk Based Managed Care and Traditional Medicaid Enrollees.

**Source:** MedInsight.

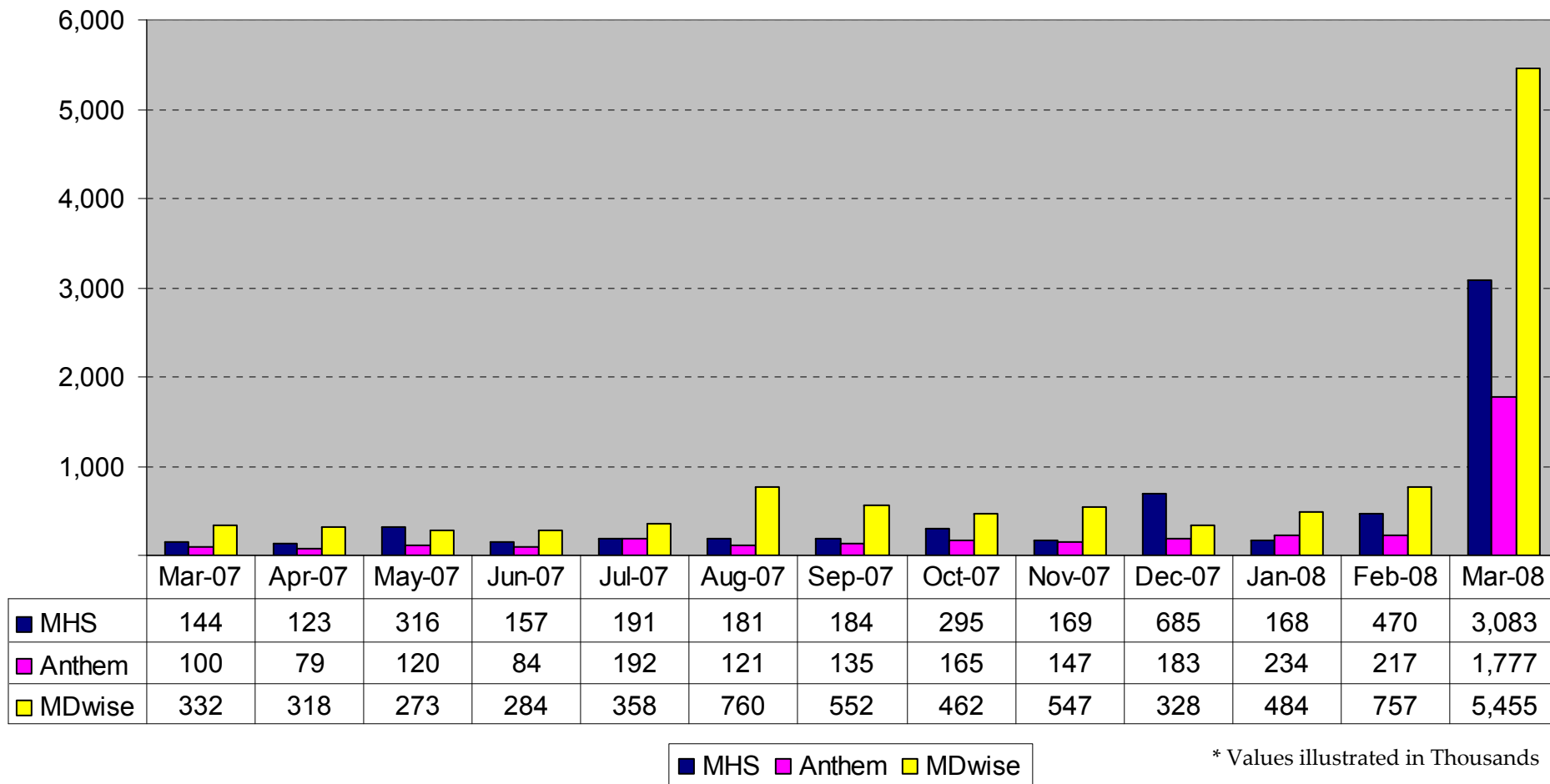
# Self Select Enrollment



**Notes:** All Medicaid Enrollees.

**Source:** Information supplied by EDS.

# Encounter Data Clean-Up



## Notes:

- MCO's began submitting clean up files for encounter claims in March.

**Source:** EDS.

# Encounter Claim Completion



Benchmark		Anthem			MHS			MDwise		
		CRCS Reported	Encounter Data-Old	Encounter Data-New	CRCS Reported	Encounter Data-Old	Encounter Data-New	CRCS Reported	Encounter Data-Old	Encounter Data-New
Category of Service	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000	Annual Utilization per 1,000
<b>Inpatient Hospital</b>										
Medical/Surgical/Non-Delivery Maternity	193.7	57.7	169.3	228.7	204.0	143.1	181.1	203.4	213.3	196.0
Behavioral Health	40.2	2.5	0.7	2.3	0.2	2.3	2.5	47.1	0.7	1.1
<b>Outpatient Hospital</b>										
Emergency Room	450.6	799.6	452.4	463.0	1,860.3	377.0	519.7	658.3	624.2	631.2
<b>Pharmacy</b>										
Prescription Drugs/OTC Drugs	7,020.8	8,962.8	197.5	2,135.4	9,219.3	2,885.6	3,403.6	8,736.4	5,616.2	6,068.0
<b>Physician</b>										
Office Visits/Consults	3,758.1	2,892.1	206.3	2,857.8	2,767.9	2,353.1	2,705.1	2,900.8	2,794.9	2,815.4
Outpatient Behavioral Health	706.1	616.4	6.5	50.6	3.3	404.9	441.2	658.6	65.9	375.6

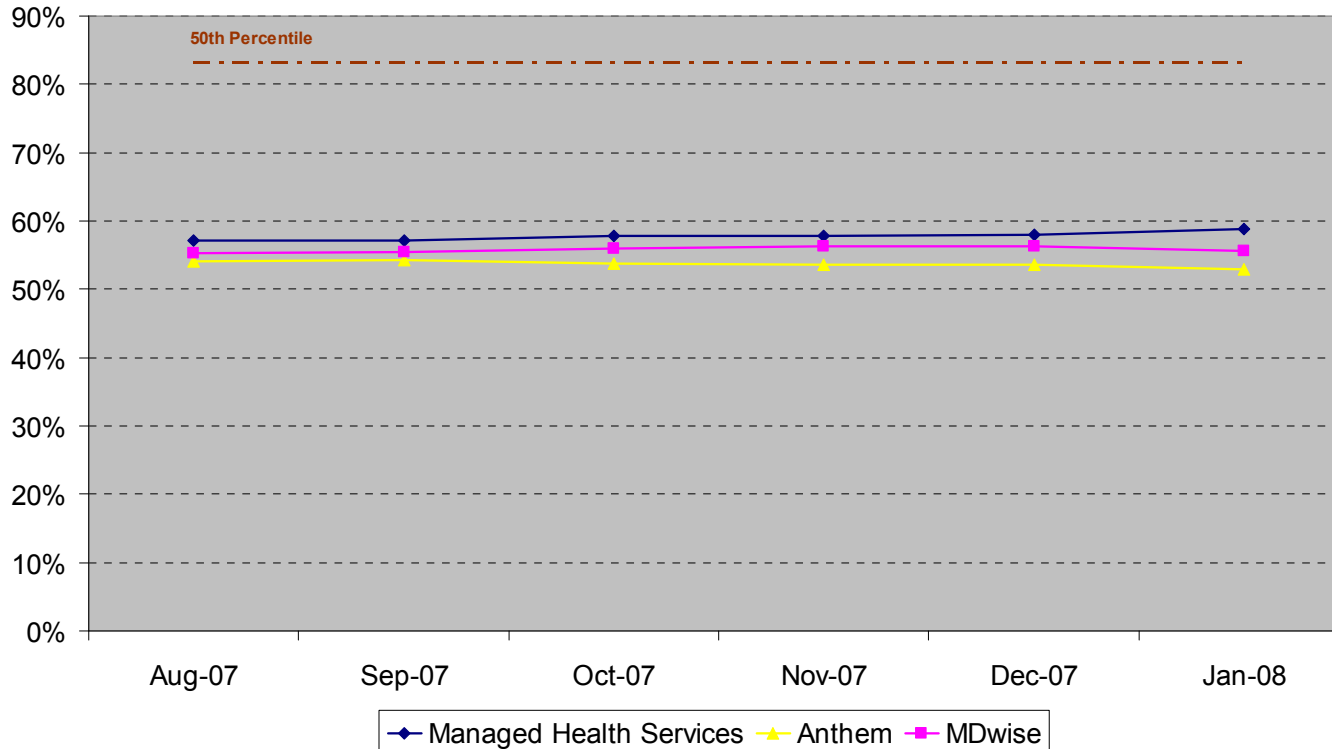
**Notes:** • Reporting Period:

- January 1-June 30 2007 (Old Encounter Data)
- January 1-December 31 2007 (New Encounter Data)
- Benefit Package: Package AB inclusive of MA-U
- Region: Statewide
- Rate Category: Annual Utilization per 1,000
- Benchmark is the Expected Utilization by Category of Service



## Evidence Based Measures

# Prenatal Care



Benchmark	
MEAN	79.07%
10th Percentile	61.07%
25th Percentile	74.21%
50th Percentile	83.33%
75th Percentile	88.10%
90th Percentile	91.48%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment.

**Exposure:** No age specified but continuous enrollment 43 days prior to delivery through 56 days after delivery. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	3047	5335	2990	5240	3015	5218	2,894	5,009	2,893	4,986	3,033	5,159
Anthem	2,240	4,146	2,300	4,238	2,378	4,421	2,392	4,457	2,483	4,638	2,553	4,825
MDwise	5,733	10,386	5,806	10,472	5,863	10,477	5,865	10,416	5,906	10,507	5,659	10,168

## Notes

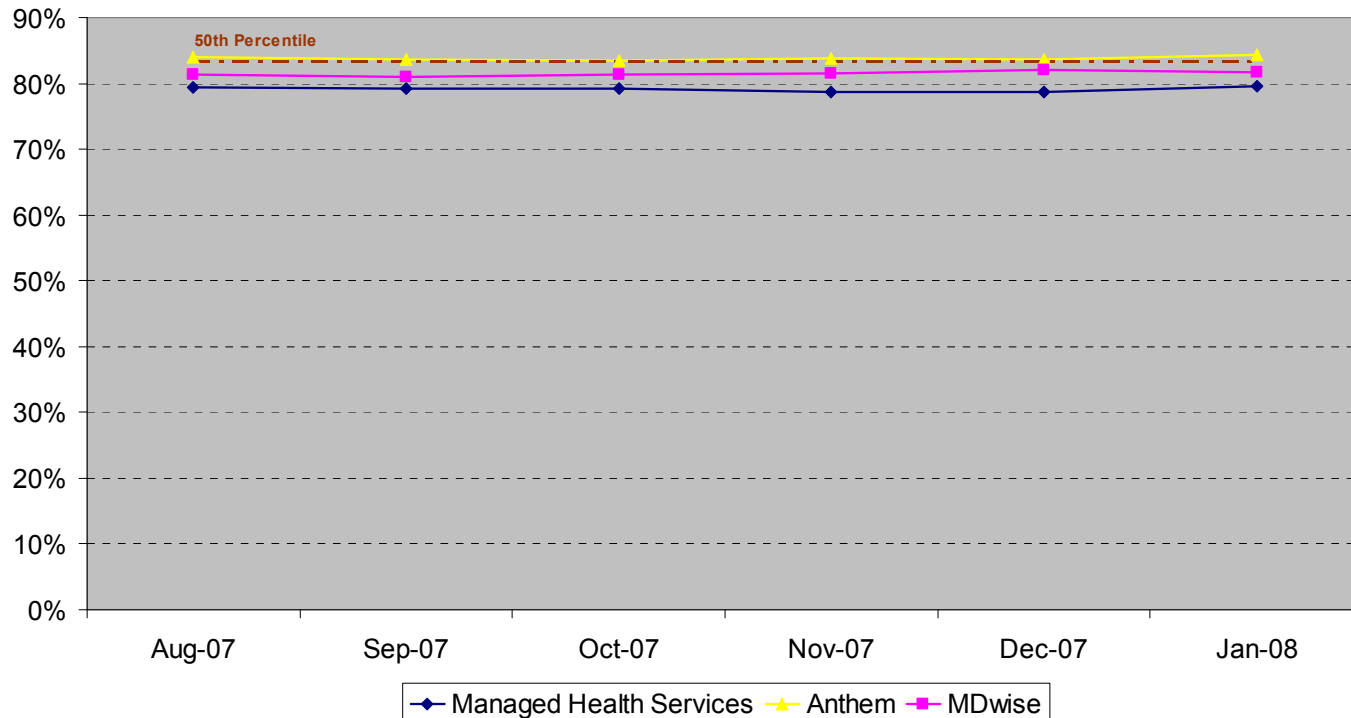
- Continuously enrolled in Medicaid.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

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MHS	3264	4115	3231	4078	3240	4092	3,093	3,935	3,121	3,969	3,139	3,941
Anthem	1,793	2,134	1,988	2,375	2,191	2,627	2,372	2,830	2,599	3,109	2,885	3,424
MDwise	5,681	6,988	5,965	7,362	6,206	7,624	6,378	7,820	6,670	8,127	6,666	8,158

## Notes

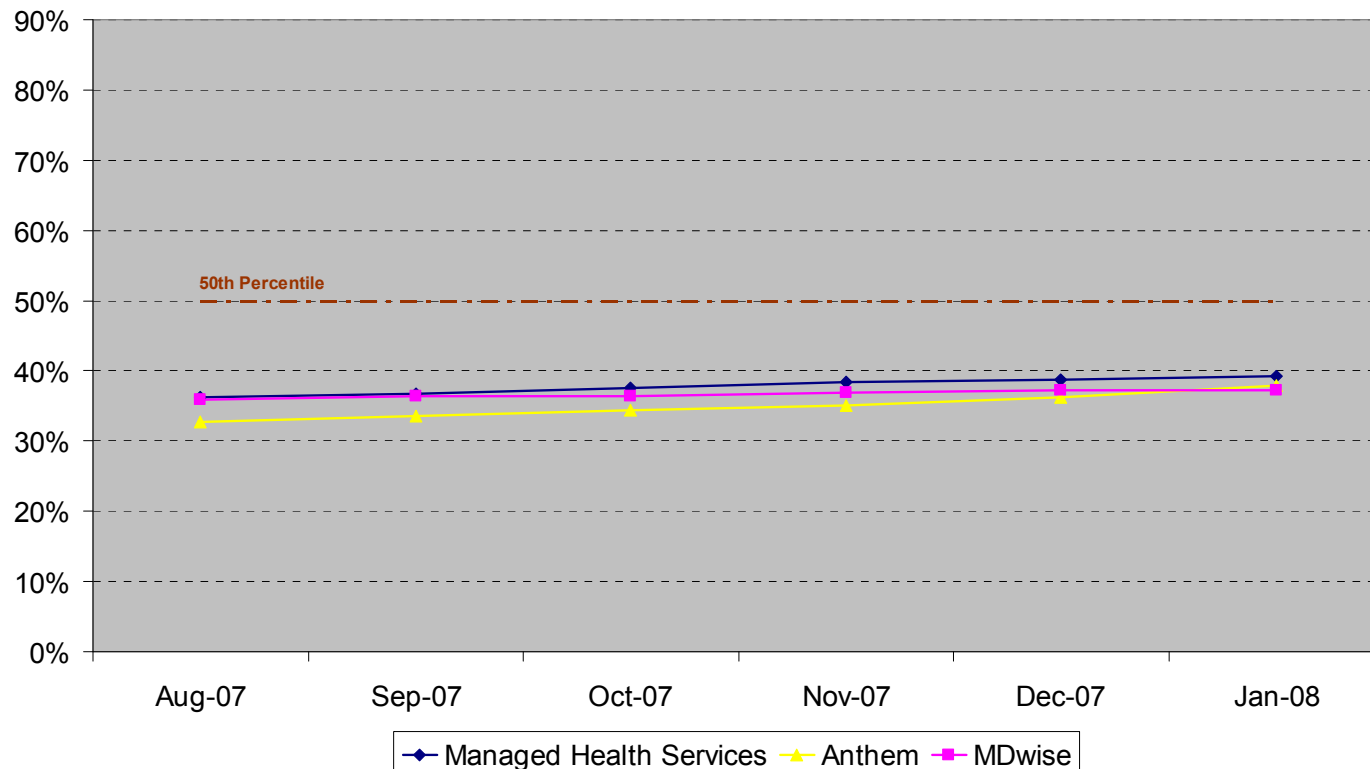
- Continuously enrolled with the same MCO.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Well Child Visits – First 15 Months of Life (6 or more)



Benchmark	
MEAN	48.61%
10th Percentile	22.38%
25th Percentile	41.59%
50th Percentile	50.00%
75th Percentile	59.15%
90th Percentile	68.61%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Children who had 6 or more well-child visits with a primary care practitioner during their first 15 months of life.

**Exposure:** A systematic sample of children up to 15 months old during the measurement year with continuous enrollment 31 days–15 months of age. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	2878	7953	2937	7994	3059	8127	3,133	8,169	3,212	8,298	3,407	8,670
Anthem	1,206	3,694	1,254	3,738	1,296	3,766	1,325	3,773	1,384	3,813	1,498	3,956
MDwise	5,396	15,040	5,508	15,133	5,546	15,204	5,585	15,135	5,703	15,339	5,666	15,212

## Notes

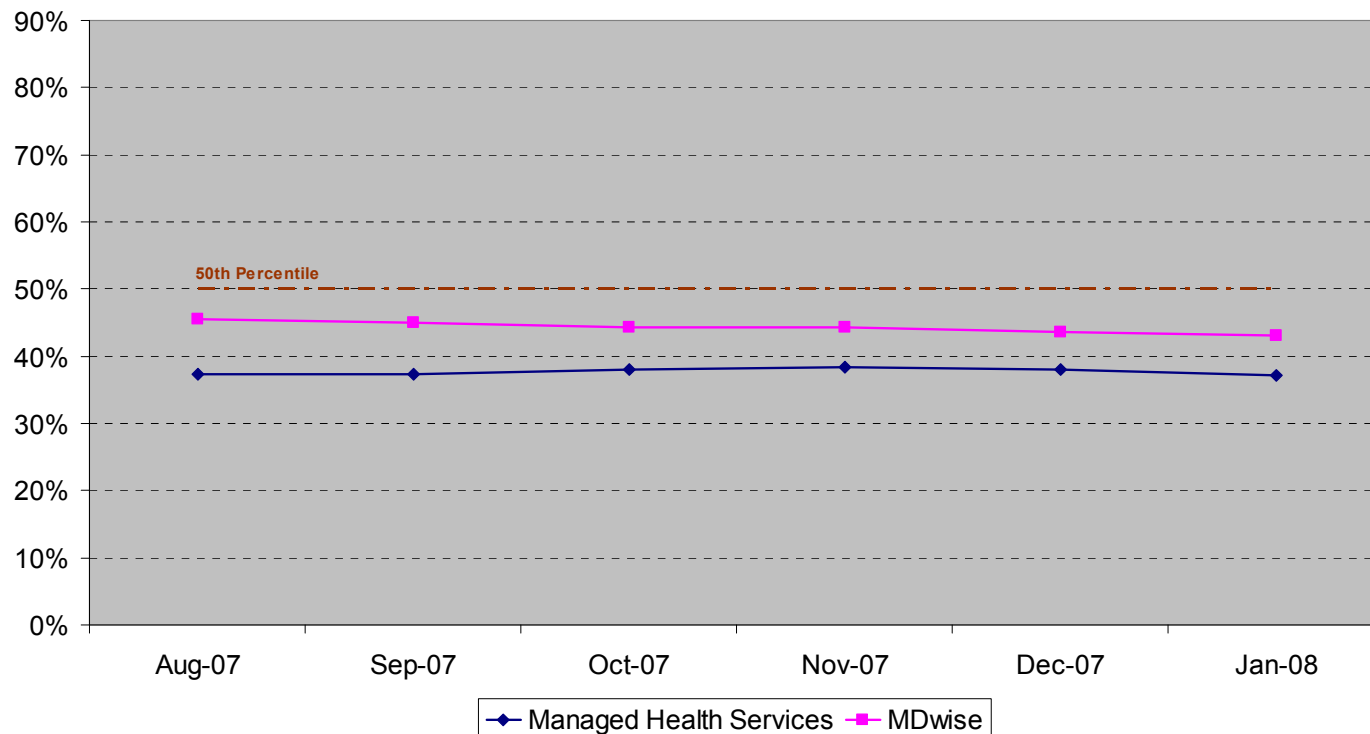
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April 2008

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MHS	1677	4502	1710	4588	1788	4698	1,813	4,723	1,828	4,813	1,828	4,909
MDwise	2,118	4,654	2,125	4,727	2,098	4,733	2,072	4,681	2,108	4,829	2,039	4,736

## Notes

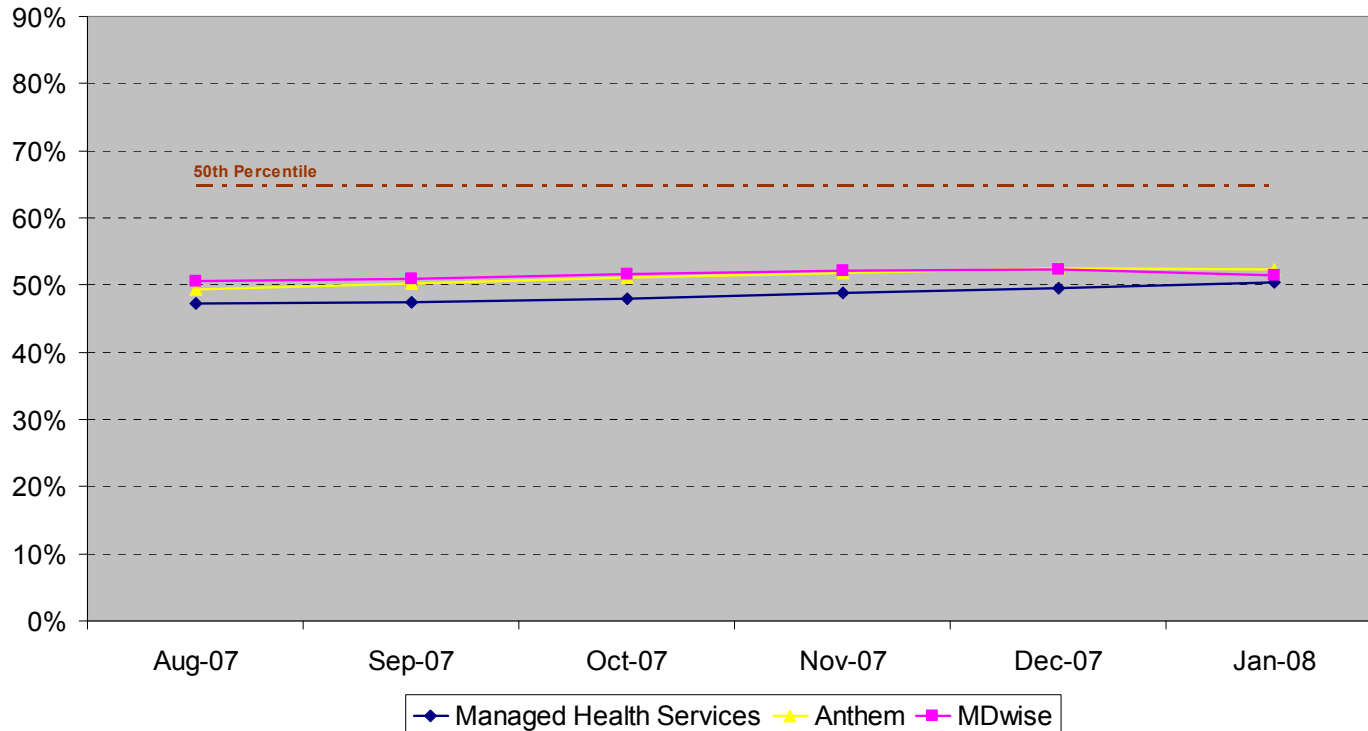
- Continuously enrolled with the same MCO.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Well Child Visits - 3 to 6 Year Olds



Benchmark	
MEAN	63.32%
10th Percentile	50.07%
25th Percentile	56.74%
50th Percentile	64.80%
75th Percentile	70.83%
90th Percentile	77.52%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Members 3-6 who received one or more well-child visits with a primary care practitioner.

**Exposure:** Children 3-6 years old during the measurement year. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	13440	28436	13402	28267	13576	28337	13,674	28,031	13,762	27,826	14,513	28,841
Anthem	7,090	14,371	7,265	14,478	7,565	14,805	7,753	14,957	8,003	15,265	8,216	15,727
MDwise	26,075	51,547	26,163	51,368	26,547	51,375	26,577	50,949	26,838	51,298	25,857	50,261

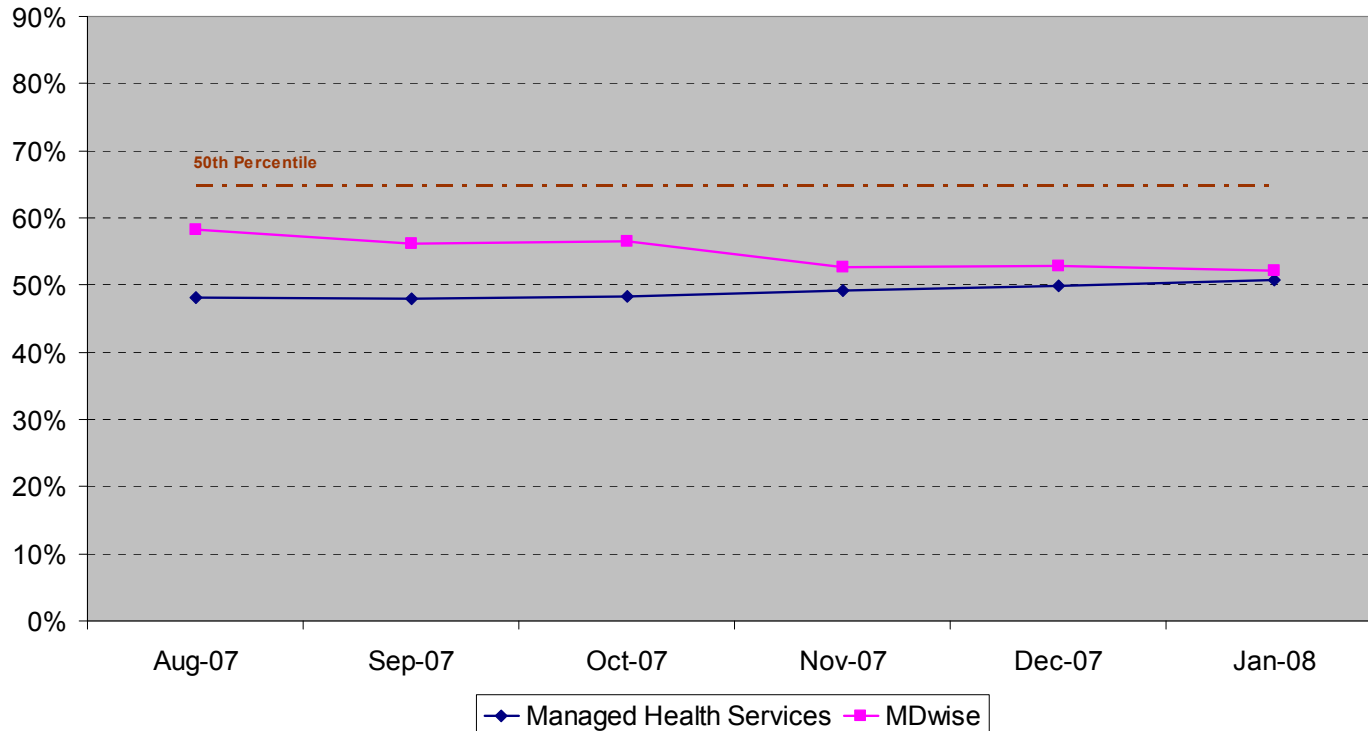
## Notes

- Continuously enrolled in Medicaid.
  - Administrative Data.
- April 2008

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Data prepared by OMPP DMA

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MHS	8735	18126	8691	18114	8868	18355	9,600	19,484	10,299	20,611	10,619	20,891
MDwise	9,404	16,160	9,938	17,673	10,252	18,165	17,155	32,611	19,001	36,002	18,533	35,589

## Notes

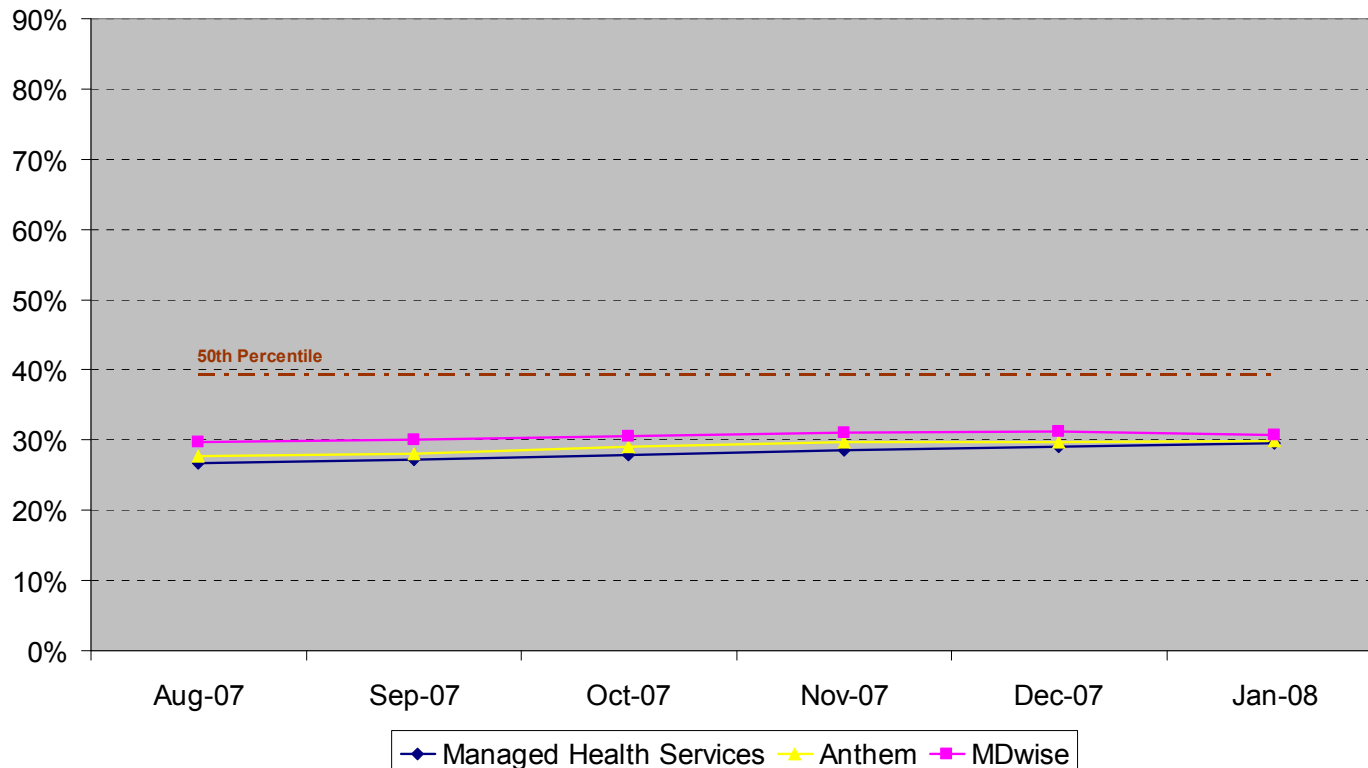
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April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Adolescent Well Care Visits



Benchmark	
MEAN	40.55%
10th Percentile	27.98%
25th Percentile	32.85%
50th Percentile	39.42%
75th Percentile	47.93%
90th Percentile	54.50%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Members who were 12–21 with at least one comprehensive well-care visit with a primary care or an OB/GYN practitioner.

**Exposure:** Patients 12–21 within the measurement year. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	10046	37627	10083	37119	10377	37113	10,506	36,696	10,709	36,845	11,286	38,080
Anthem	5,295	19,119	5,476	19,477	5,788	19,900	5,976	20,150	6,113	20,521	6,311	21,160
MDwise	18,300	61,601	18,489	61,584	18,696	61,266	18,888	60,915	19,074	61,218	18,479	60,174

## Notes

- Continuously enrolled in Medicaid.
- Administrative Data.

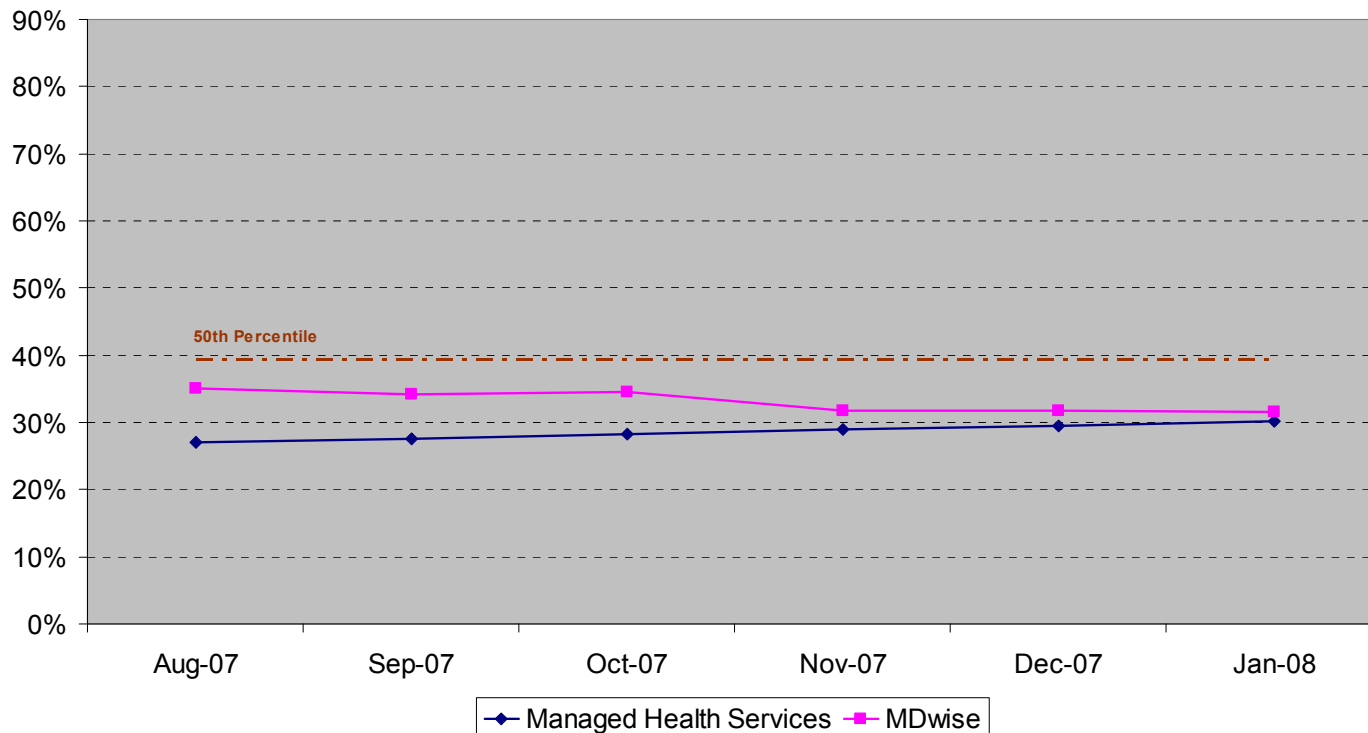
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MHS	6683	24700	6790	24705	7018	24800	7,657	26,482	8,269	27,979	8,490	28,200
MDwise	6,402	18,243	6,974	20,359	7,153	20,700	12,767	40,142	13,894	43,675	13,710	43,453

## Notes

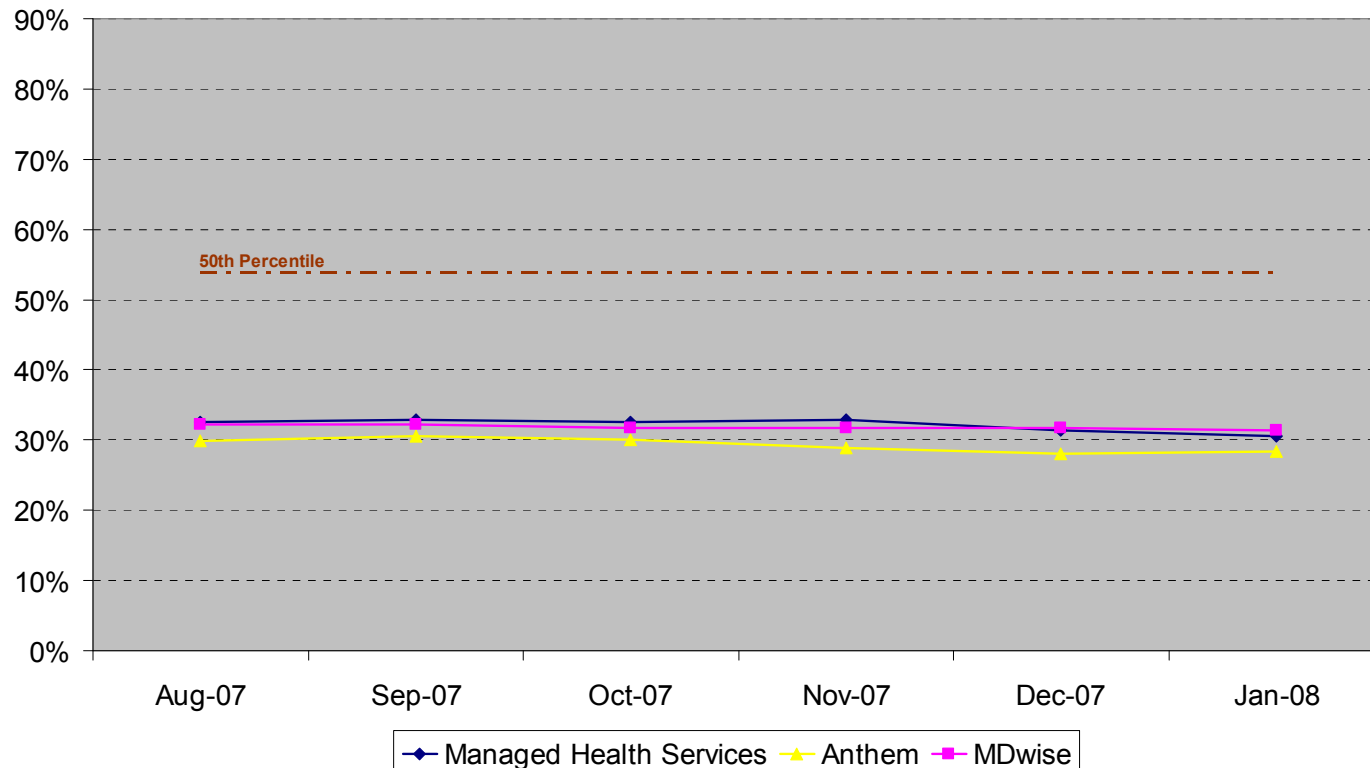
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- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Breast Cancer Screening



Benchmark	
MEAN	53.91%
10th Percentile	42.86%
25th Percentile	47.09%
50th Percentile	53.91%
75th Percentile	59.22%
90th Percentile	65.42%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Women 40–69 years of age who had a mammogram to screen for breast cancer.

**Exposure:** Women 42–69 years of the measurement year. With continuous enrollment for the measurement year and the year prior to the measurement year. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	629	1,933	618	1,880	620	1,901	612	1,856	580	1,844	578	1,888
Anthem	279	932	295	963	303	1,010	298	1,030	305	1,086	320	1,128
MDwise	1,037	3,213	1,029	3,190	993	3,128	969	3,049	966	3,040	933	2,979

## Notes

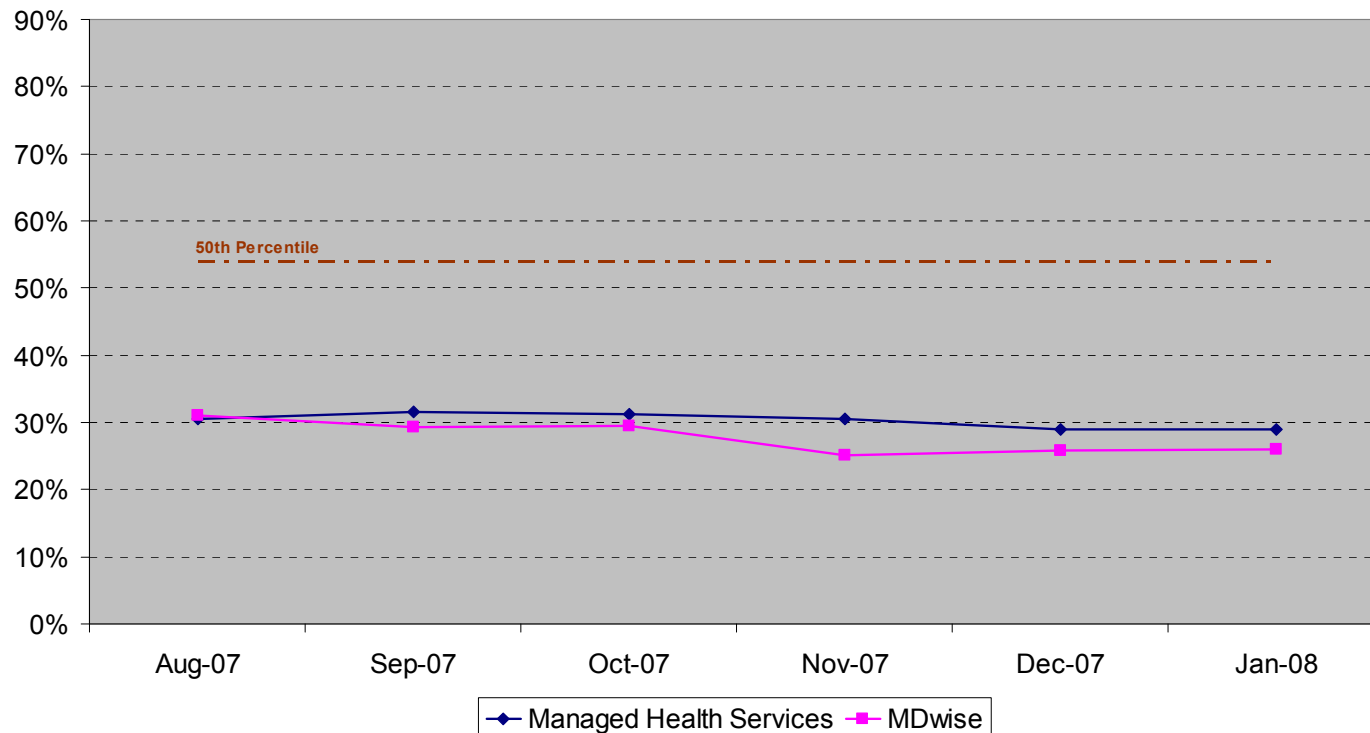
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MHS	418	1370	428	1353	419	1342	418	1,371	419	1,449	416	1,438
MDwise	319	1,029	349	1,191	344	1,165	508	2,017	573	2,217	570	2,192

## Notes

- Continuously enrolled with the same MCO.
- Administrative Data.

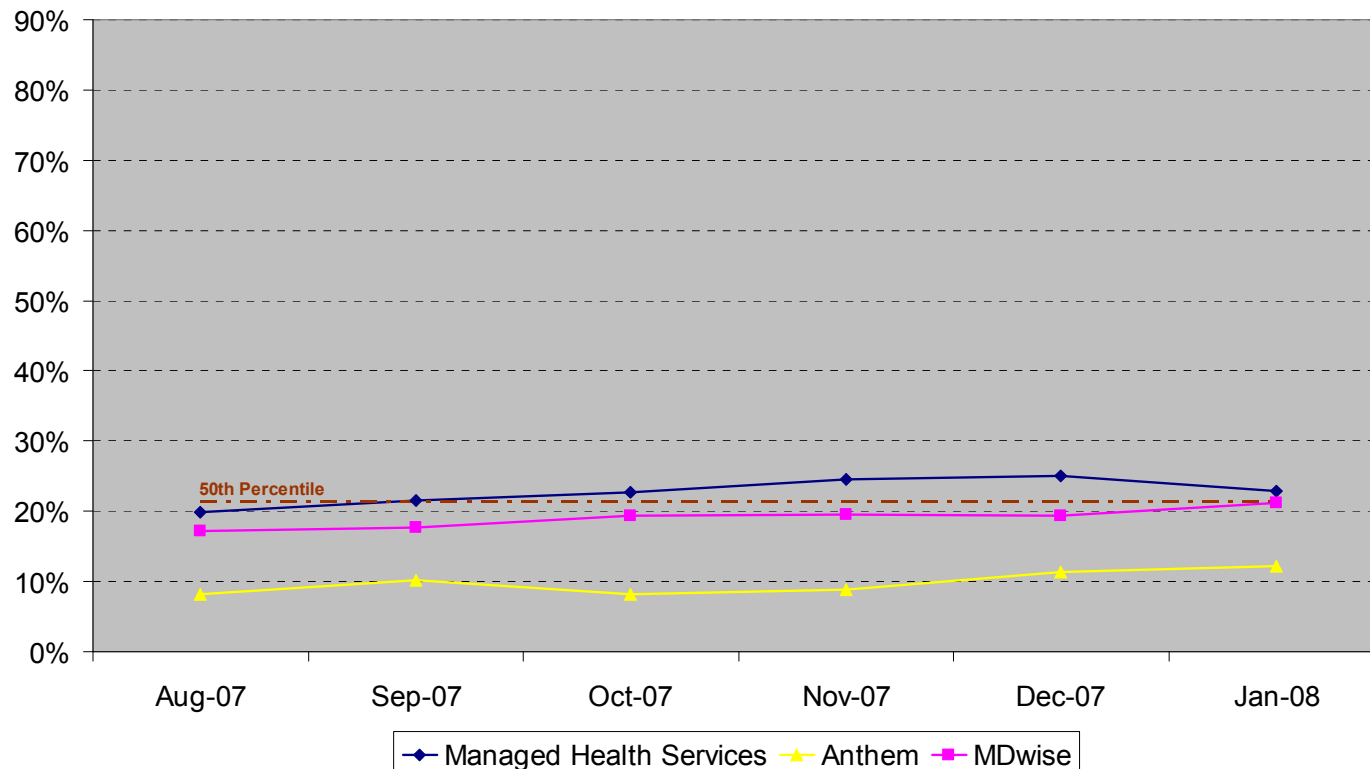
April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Antidepressant Medication Management

## Optimal Practitioner Contacts for Medication Management



Benchmark	
MEAN	20.68%
10th Percentile	7.59%
25th Percentile	14.84%
50th Percentile	21.37%
75th Percentile	27.74%
90th Percentile	32.56%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Members 18 years of age and older diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner coded with a mental health diagnosis during the 84-day (12-week) Acute Treatment Phase.

**Exposure:** Patients 18 years and older with continuous enrollment 120 days prior to the Index Episode Start Date through 245 days after the Index Episode Start Date. Each reported date contains 12 calendar months of experience.

### Notes

- Continuously enrolled in Medicaid.
- Administrative Data.

April 2008

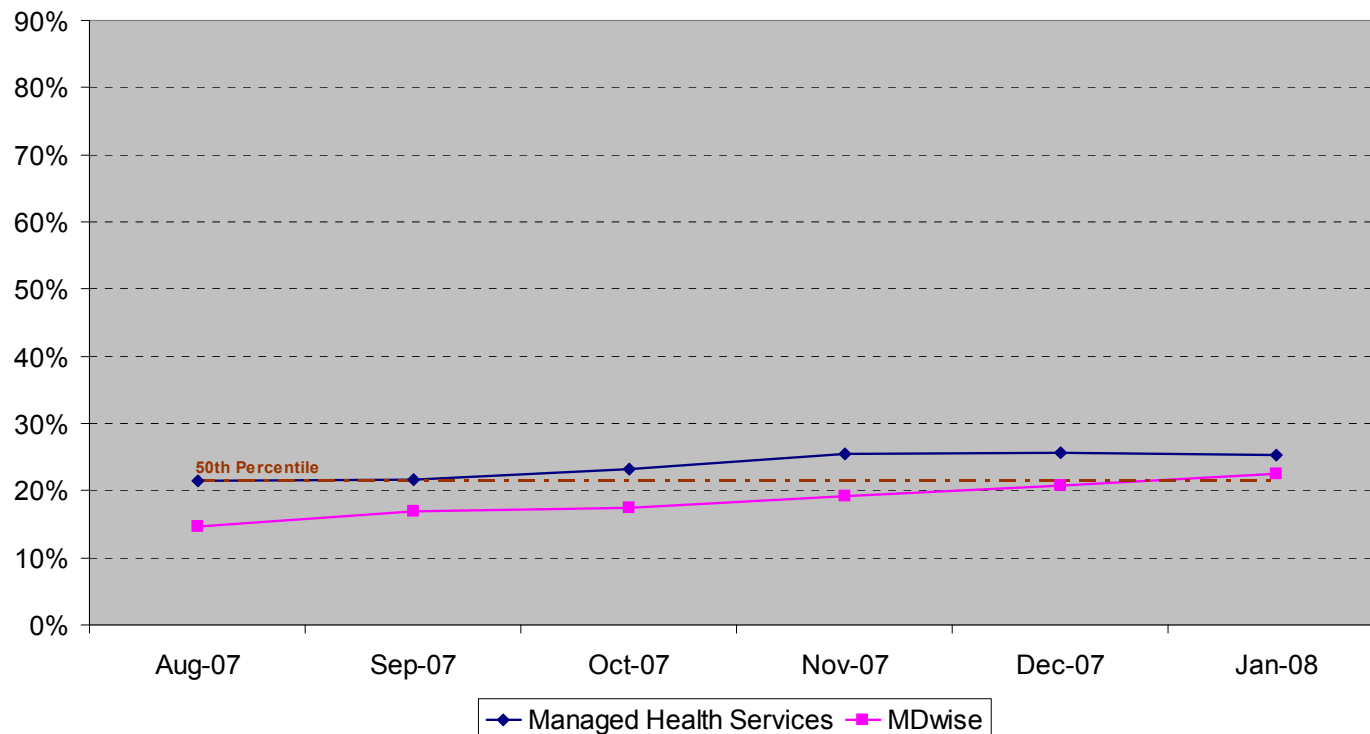
	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	78	394	84	390	89	393	98	398	97	387	100	436
Anthem	17	207	21	206	16	194	17	191	21	184	23	188
MDwise	145	843	147	834	158	816	160	817	171	883	178	842

**Source:** MedInsight.

Data prepared by OMPP DMA

# Antidepressant Medication Management

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MHS	40	186	40	185	43	186	48	188	46	180	49	194
MDwise	39	267	42	247	42	241	47	244	61	293	65	290

### Notes

- Continuously enrolled with the same MCO.
- Administrative Data.

April 2008

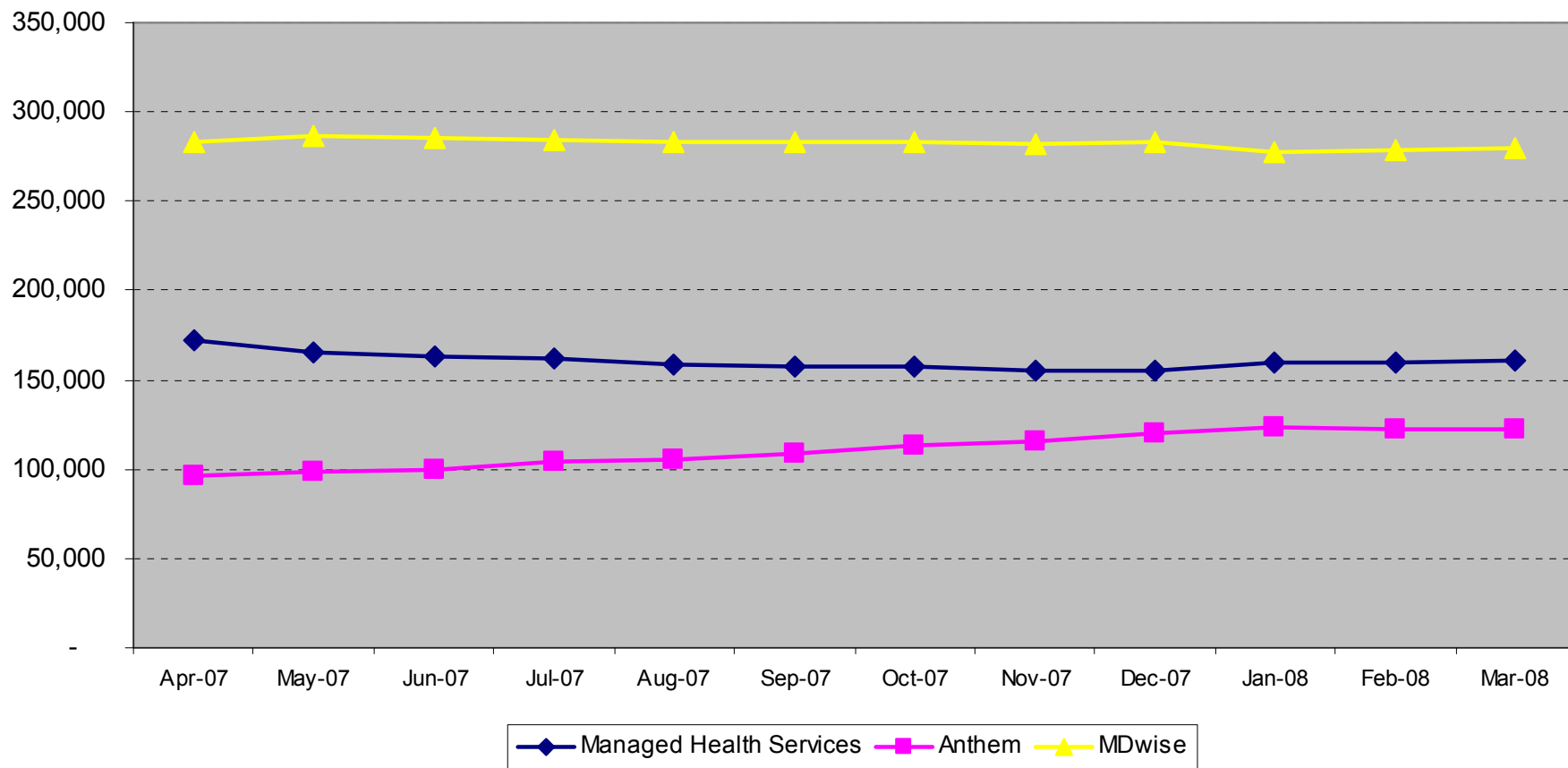
**Source:** MedInsight.

Data prepared by OMPP DMA



## Hoosier Healthwise

# Membership by MCO



## Notes:

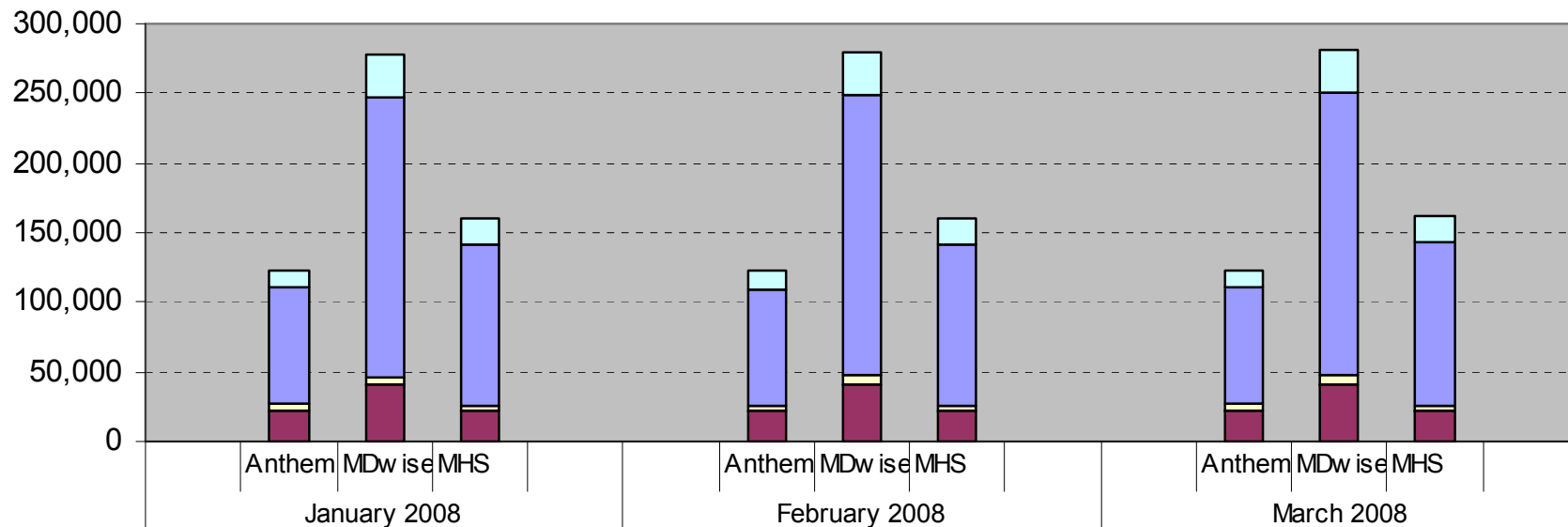
- Hoosier Healthwise Risk-Based Managed Care Enrollees.
- Changed Auto-Enrollment 02/01/2008.

**Source:** MedInsight.

Data prepared by OMPP DMA

	April 07	March 08	
Managed Health Services	172,202	160,592	-6.74%
Anthem	95,804	122,761	28.14%
MDwise	283,462	279,684	-1.33%

# Membership by MCO



	January 2008				February 2008				March 2008			
CHIP	12,952	30,331	18,638		13,130	31,053	18,893		13,010	30,963	18,655	
Children	83,369	200,396	116,418		83,217	201,650	116,239		83,898	202,901	117,043	
Pregnant Women	4,666	6,247	3,299		4,539	6,187	3,264		4,394	6,645	3,429	
Adult	22,093	40,534	21,971		21,874	40,792	22,194		22,153	41,163	22,385	
Totals	123,080	277,508	160,326		122,760	279,682	160,590		123,455	281,672	161,512	

■ Adult ■ Pregnant Women ■ Children ■ CHIP

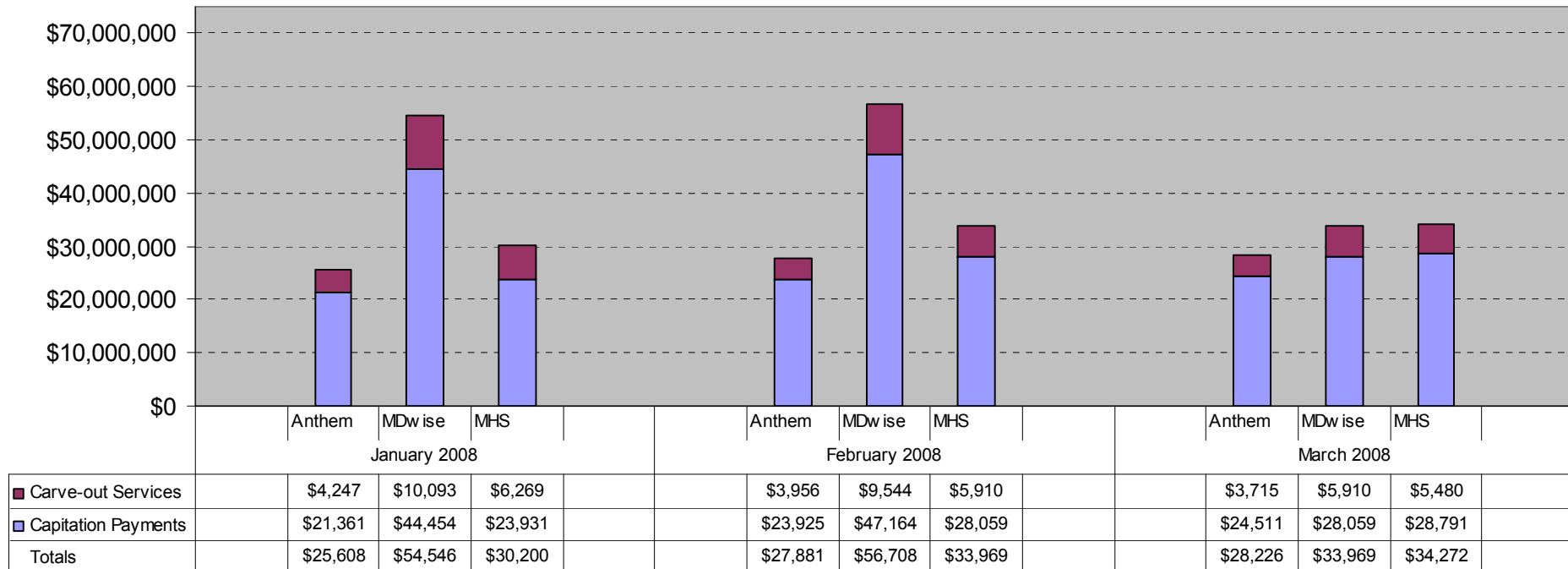
## Notes:

- Hoosier Healthwise Risk-Based Managed Care Enrollees.
- Adult and Children include TANF populations.

**Source:** MedInsight.



# Paid Expenses by MCO



## Notes:

- Hoosier Healthwise Risk-Based Managed Care Enrollees.
- An immaterial amount of claims were paid to non-current MCOs.
- Expenditures are based on Capitation, Carve-Out and Maternity Supplemental payments.
- New capitation rates were not paid in January, \$5.1M was paid in February.

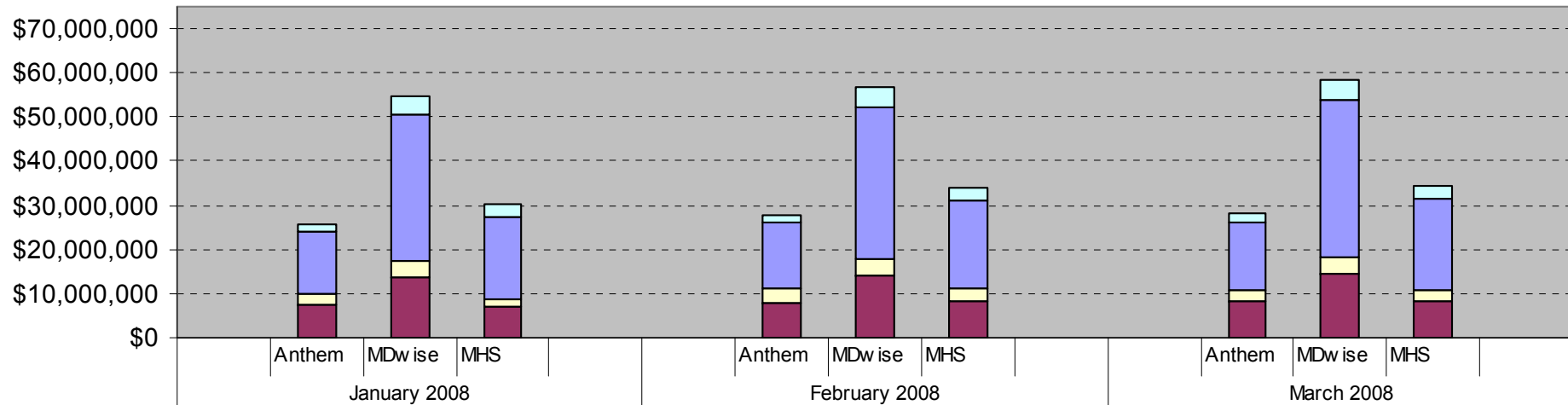
**Source:** MedInsight.

Data prepared by OMPP DMA

■ Capitation Payments ■ Carve-out Services

\* Values illustrated in Thousands

# Paid Expenses by MCO



	CHIP	Children	Pregnant Women	Adult	Totals
January 2008					
Anthem	\$1,773	\$13,994	\$2,516	\$7,324	\$25,608
MDwise	\$4,088	\$32,929	\$4,015	\$13,514	\$54,546
MHS	\$2,646	\$18,960	\$1,445	\$7,110	\$30,162
February 2008					
Anthem	\$1,962	\$14,704	\$3,283	\$7,932	\$27,881
MDwise	\$4,318	\$34,540	\$3,917	\$13,933	\$56,707
MHS	\$2,786	\$20,039	\$2,893	\$8,250	\$33,969
March 2008					
Anthem	\$2,021	\$15,281	\$2,771	\$8,154	\$28,226
MDwise	\$4,458	\$35,779	\$3,572	\$14,587	\$58,395
MHS	\$2,855	\$20,519	\$2,454	\$8,443	\$34,272

## Notes:

- Hoosier Healthwise Risk-Based Managed Care Enrollees.
- An immaterial amount of claims were paid to non-current MCOs.
- Expenditures are based on Capitation, Carve-Out and Maternity Supplemental payments.
- New capitation rates were not paid in January, \$5.1M was paid in February.

**Source:** MedInsight.x

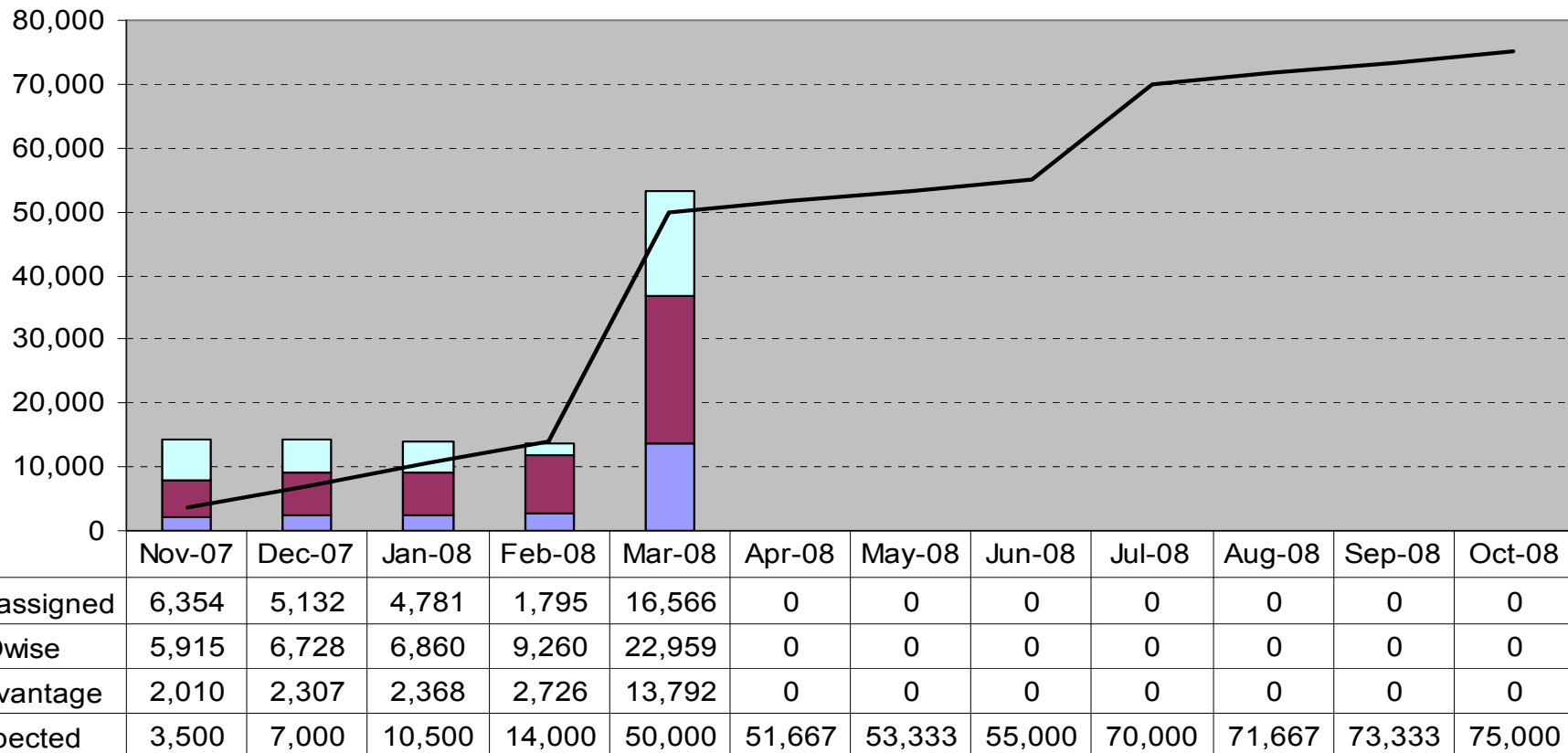
Data prepared by OMPP DMA

■ Adult ■ Pregnant Women ■ Children ■ CHIP

\* Values illustrated in Thousands

## Care Select (Individualized Care Management)

# Membership by Plan



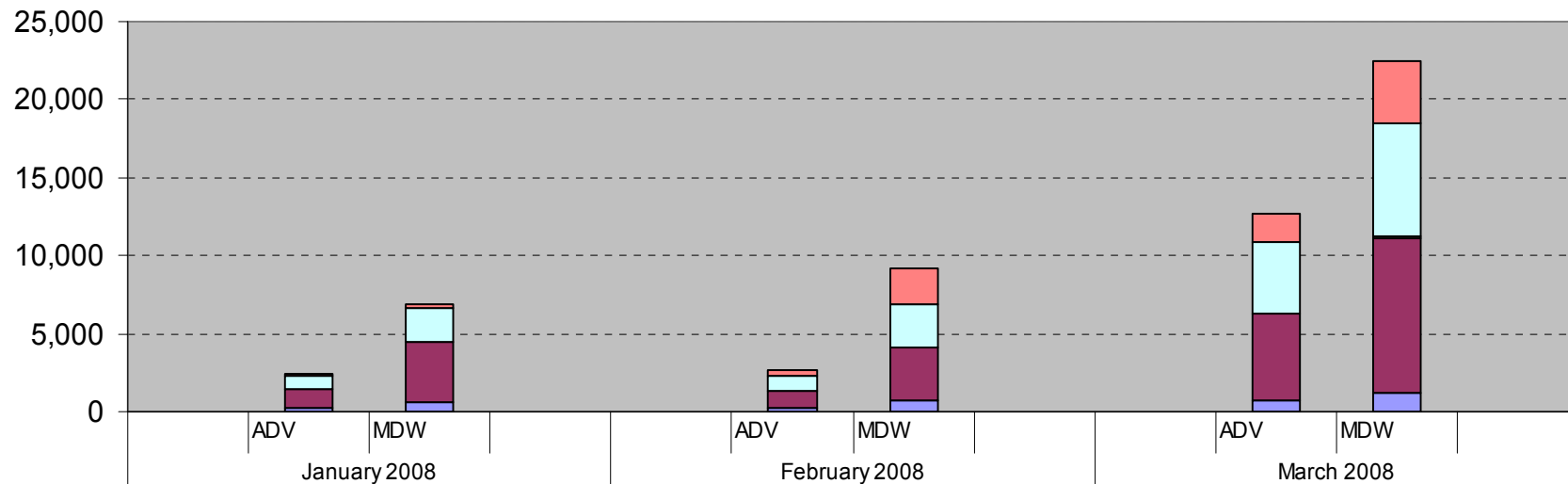
## Notes:

- Care Select Enrollees.
- Enrollment and Assignment are not synonymous terms. A member may be assigned to a PMP prior to being enrolled in the Care Select program.

**Source:** MedInsight.

Data prepared by OMPP DMA

# Membership by Plan (Categorization)



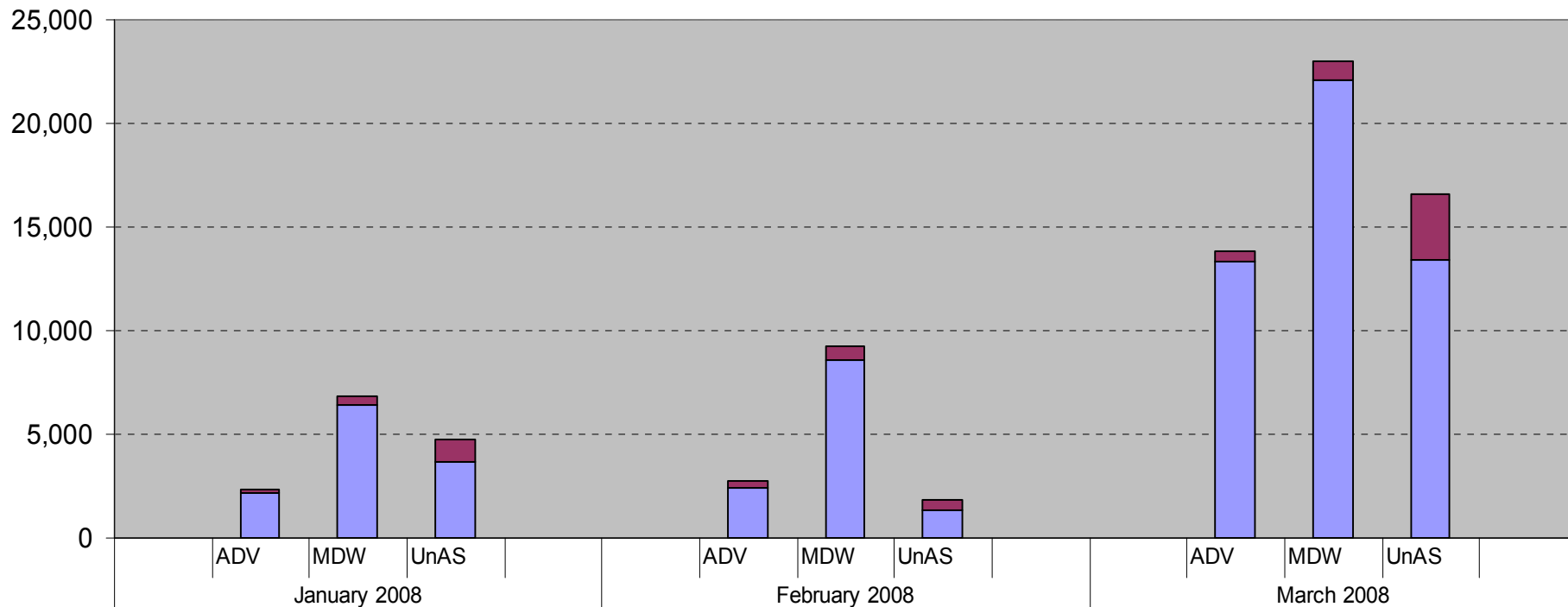
■ Developmentally Disabled 
 ■ Other Blind & Disabled 
 ■ Other Waiver 
 ■ Serious Mental Illness 
 ■ Wards & Fosters

## Notes:

- Care Select Enrollees.
- Wards and Fosters includes Children Receiving Adoption Assistance.

**Source:** MedInsight.

# Membership by Plan (Waiver vs. Non)



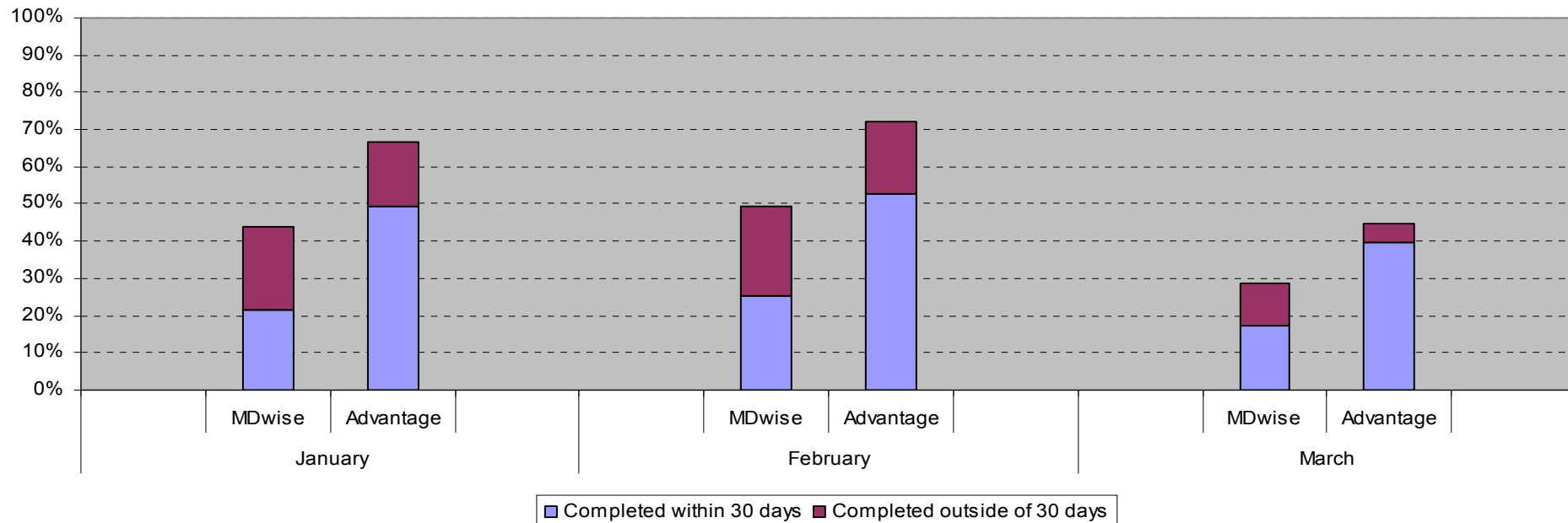
■ Non-Waiver ■ Waiver

## Notes:

- Care Select Enrollees.
- A Waiver member is defined as any member with an assigned Level of Care.

**Source:** MedInsight.

# Member Assessments



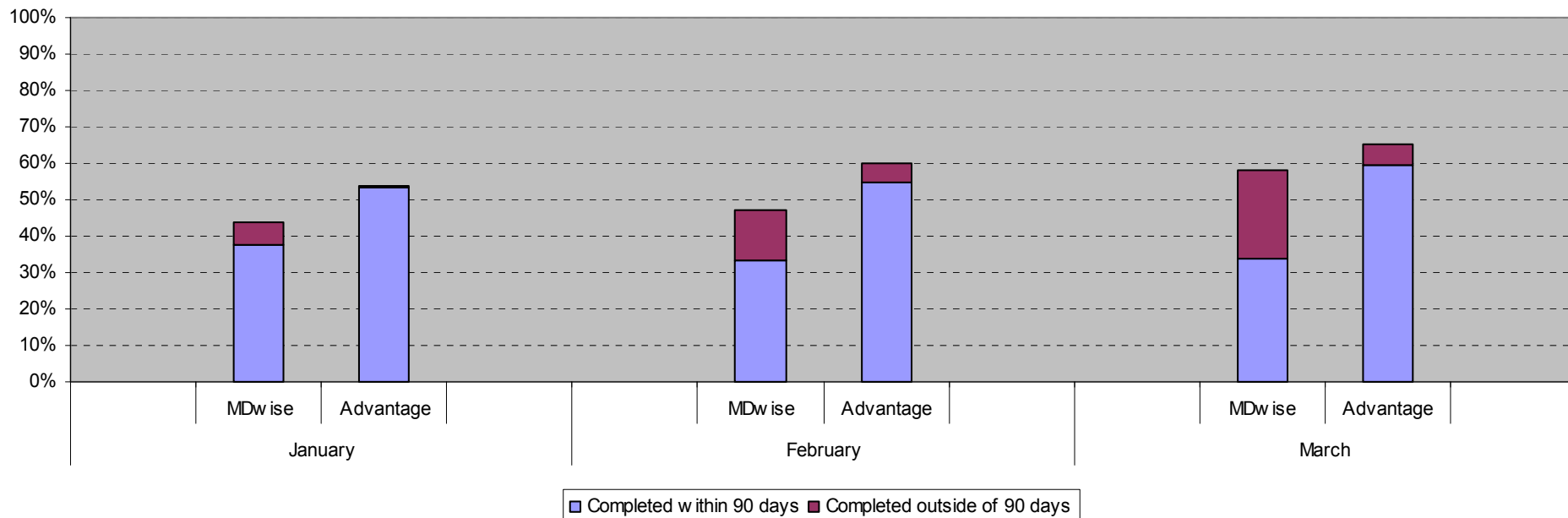
	January				February				March			
	MDwise		Advantage		MDwise		Advantage		MDwise		Advantage	
Assessments complete within 30 days of Member enrollment	1,449	(21.46%)	1,163	(49.55%)	1,780	(25.19%)	1,315	(52.73%)	3,722	(17.41%)	4,851	(39.69%)
Assessments complete outside of 30 days of Member enrollment	1,506	(22.31%)	398	(16.96%)	1,704	(24.11%)	484	(19.41%)	2,425	(11.34%)	611	(5.00%)
Assessments incomplete outside of 30 days of Member enrollment	3,796	(56.23%)	786	(33.49%)	3,583	(50.70%)	695	(27.87%)	15,236	(71.25%)	6,760	(55.31%)
Total number of Assessments due	6,751		2,347		7,067		2,494		21,383		12,222	

## Notes:

- Care Select Enrollees.

**Source:** CMOs.

# Member Care Plans



	January				February				March			
	MDwise		Advantage		MDwise		Advantage		MDwise		Advantage	
Care Plans complete within 90 days of Member enrollment	1,931	(37.69%)	1,104	(53.23%)	2,027	(33.13%)	1,263	(54.96%)	2,295	(33.67%)	1,617	(59.51%)
Care plans complete outside of 90 days of Member enrollment	307	(5.99%)	14	(0.68%)	859	(14.04%)	114	(4.96%)	1,662	(24.38%)	160	(5.89%)
Care Plans incomplete outside of 90 days of Member enrollment	2,886	(56.32%)	956	(46.09%)	3,232	(52.83%)	921	(40.08%)	2,860	(41.95%)	940	(34.60%)
Total number of Care Plans due	5,124		2,074		6,118		2,298		6,817		2,717	

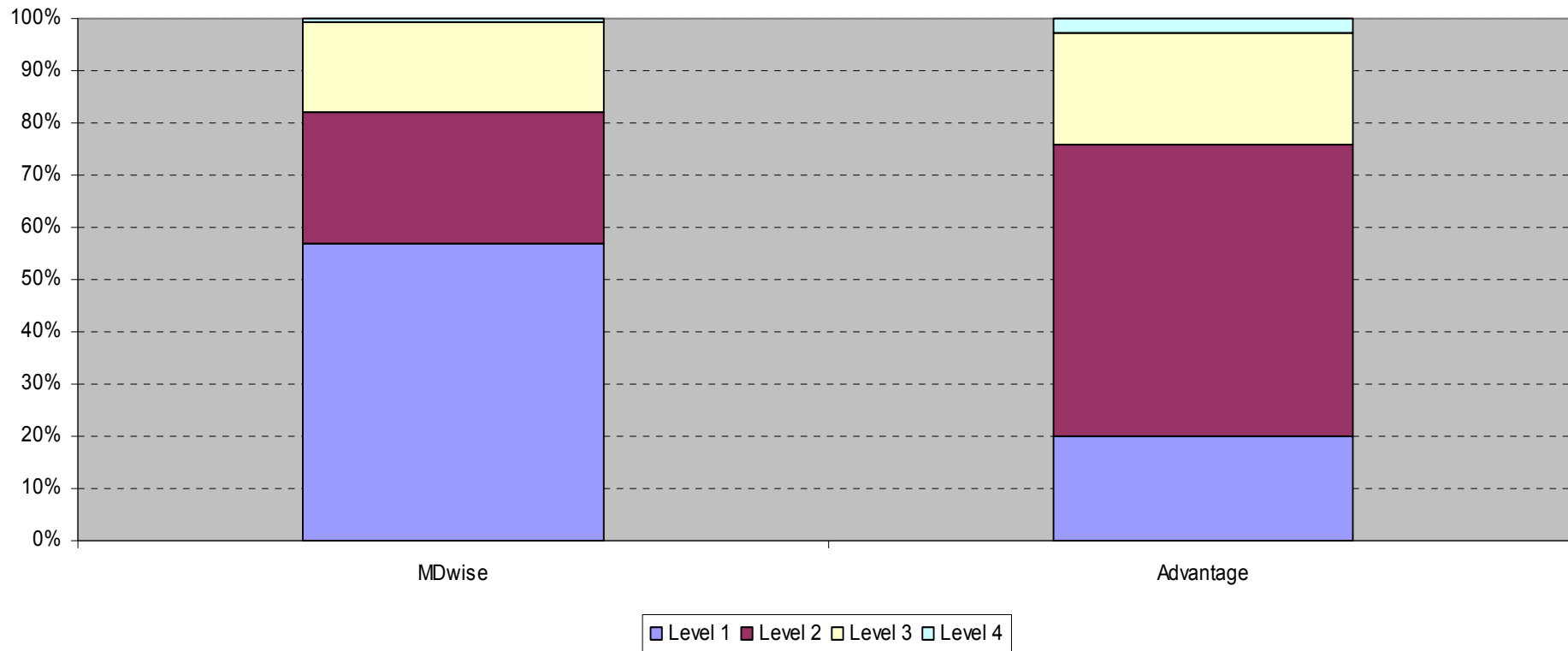
## Notes:

- Care Select Enrollees.

Source: CMOs.



# Member Stratification



	MDwise		Advantage	
Total Number of Members Stratified Level 4	55	(.36%)	113	(1.34%)
Total Number of Members Stratified Level 3	1,191	(7.71%)	832	(9.85%)
Total Number of Members Stratified Level 2	1,727	(11.18%)	2,189	(25.91%)
Total Number of Members Stratified Level 1	3,942	(25.52%)	791	(9.36%)
Total Number of Members Not Stratified	15,447		8,447	

## Notes:

- Care Select Enrollees, based on proprietary algorithms by plan.

**Source:** CMOs.

Data prepared by OMPP DMA



# Care Select Dashboard

**Weekly Statistics** 4/25/2008

**Total Eligible:** 53,337

## Eligibility Breakdown

Category	Type	Count	% of Eligible
Enrolled	Non-Waiver	36,093	67.7 %
	Waiver	1,833	3.4 %
Unassigned	Non-Waiver	12,640	23.7 %
	Waiver	2,771	5.2 %

## Enrollment by CMO

CMO	Type	Count	% of Enrolled
Advantage	Non-Waiver	13,907	36.7 %
	Waiver	705	1.9 %
MDWise	Non-Waiver	22,186	58.5 %
	Waiver	1,128	3.0 %

## MARCH Stratification Statistics

Advantage			Stratifications Completed		Assessments Completed		Care Plans Completed	
Level 1	791	20.2 %	<= 60 d	29.58%	<= 30 d	38.4%	<= 90 d	13.3%
Level 2	2,189	55.8 %	>60 d	6.08%	>30 d	4.8%	>90 d	1.3%
Level 3	832	21.2 %						
Level 4	113	2.9 %	Total	35.65%	Total	43.2%	Total	14.6%

## MDWise

Level 1	3,942	57.0 %	<= 60 d	30.92%	<= 30 d	16.6%	<= 90 d	10.4%
Level 2	1,727	25.0 %	>60 d	0	>30 d	10.8%	>90 d	7.5%
Level 3	1,191	17.2 %						
Level 4	55	0.8 %	Total	30.92%	Total	27.5%	Total	17.9%

## MARCH Prior Authorization Statistics

### Care Select

CMO	PA Received	Timely Within 5 days	% Timely
ADVANTAGE	2,399	2,227	94.3 %
MDWISE	3,741	3,497	97.6 %

### Fee For Service

CMO	PA FFS Received	Timely Within 10 days	% Timely
ADVANTAGE	18,589	15,931	95.0 %

## Weekly Detailed Membership and Provider Breakdown by Region

### Membership by CMO and Region

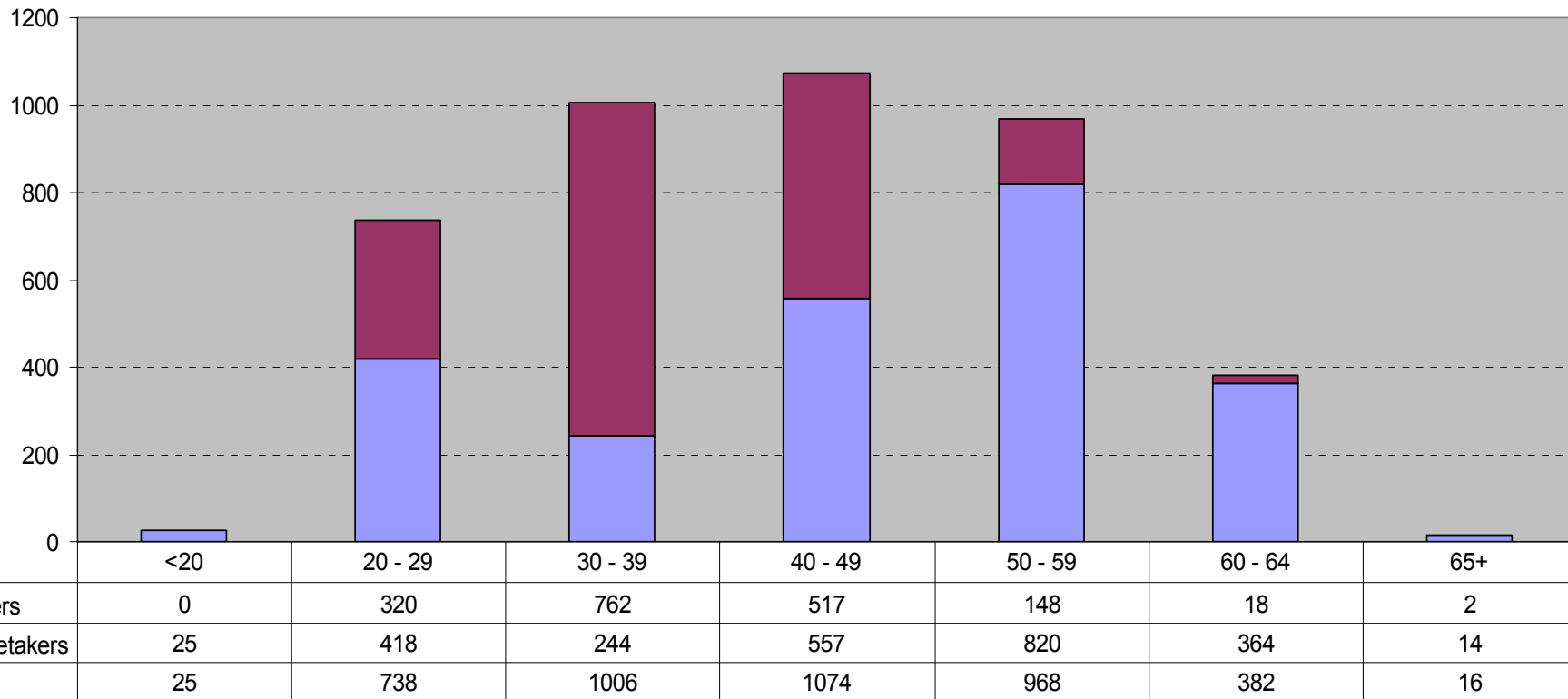
	Central	East Central	North Central	Northeast	Northwest	Out State/IFSSA	Southeast	Southwest	West Central	Total
Advantage	3,631	1,870	1,356	1,411	1,702	20	1,091	2,853	678	14,612
Percentage	27.7 %	48.8 %	53.2 %	34.7 %	37.4 %	50.0 %	33.1 %	65.6 %	31.6 %	38.5 %
MDWise	9,456	1,964	1,195	2,661	2,853	20	2,206	1,494	1,465	23,314
Percentage	72.3 %	51.2 %	46.8 %	65.3 %	62.6 %	50.0 %	66.9 %	34.4 %	68.4 %	61.5 %
Total	13,087	3,834	2,551	4,072	4,555	40	3,297	4,347	2,143	37,926

### PMP by CMO and Region

	Central	East Central	North Central	Northeast	Northwest	Out State/IFSSA	Southeast	Southwest	West Central	Total
Advantage	270	124	149	102	209	2	65	199	57	1,177
Percentage	32.7 %	47.7 %	72.3 %	35.7 %	44.7 %	8.0 %	29.4 %	65.2 %	39.0 %	42.9 %
MDWise	556	136	57	184	259	23	156	106	89	1,566
Percentage	67.3 %	52.3 %	27.7 %	64.3 %	55.3 %	92.0 %	70.6 %	34.8 %	61.0 %	57.1 %
Total	826	260	206	286	468	25	221	305	146	2,743

## Healthy Indiana Plan

# Enrollment by Age Group



## Notes:

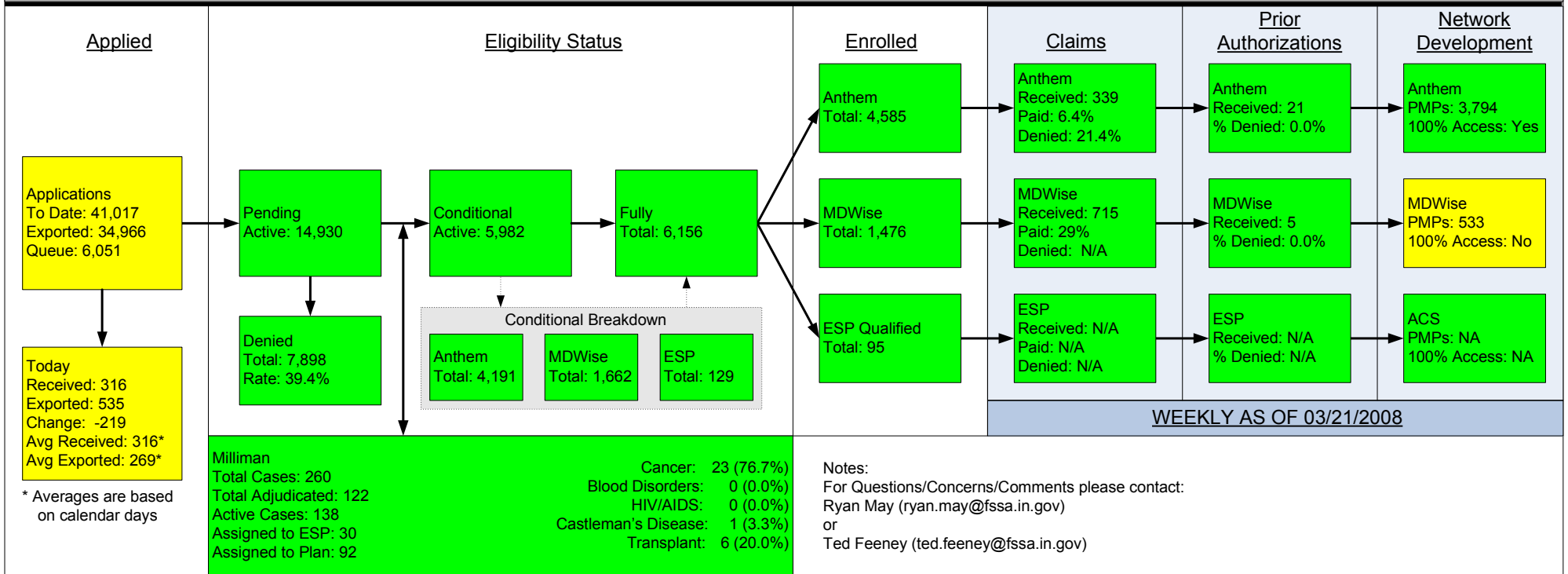
- Data as of 04/04/2008.
- Includes ESP Applicants.
- Fully Eligible Enrollees.

**Source:** HIP MCOs.

# DAILY HIP DASHBOARD

Wednesday April 23, 2008 Day 130 of the program

■ GREEN: Stay the course – progressing accord to plan  
■ YELLOW: Caution – Issues needing corrective action exist  
■ RED: Urgent – Corrective action required immediately



Enrollee Details				WEEKLY AS OF 04/04/2008			
<b>Total Enrolled</b> Total: 6,156 Anthem: 4,585 (74.5%) MDWise: 1,476 (24.0%) ESP: 95 (1.5%)  <b>FPL Description</b> <=100: 4,220 (68.5%) 101-125: 753 (12.2%) 126-150: 539 (8.8%) >150: 644 (10.5%)  <b>Caretaker Adult?</b> Yes: 2,603 (42.3%) No: 3,553 (57.7%)  <b>Zero Contributions</b> 36.2% of total Fully Eligibles Current (April): 2,229 <=100% FPL: 2,136 101-125% FPL: 31 126-150% FPL: 33 >150% FPL: 29							
<b>Age</b> < 20: 22 (0.4%) 20-29: 1,523 (24.7%) 30-39: 1,305 (21.2%) 40-49: 1,509 (24.5%) 50-59: 1,297 (21.1%) 60-64: 500 (8.1%)  <b>Sex</b> M: 2,087 (33.9%) F: 4,069 (66.1%)  <b>Race</b> Asian: 57 (0.9%) Black: 452 (7.3%) Hispanic: 122 (2.0%) Indian: 4 (0.1%) Other: 93 (1.5%) White: 5,428 (88.2%)							

## Medicaid Financials

## Total Medicaid - Division Summary

*March-08*

*4 Tuesdays in Month*

(Values Illustrated in Thousands)

### Expenditures

Division of Aging

DMHA

DDRS

Adult and Child Services

Other OMPP Populations

Other OMPP Expenditures and Collections

Total - Expenditures

Current Month Actual	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual Spent	Budget		Forecast	Budget	
106,796	1,044,528	1,080,994	36,466	1,395,597	1,446,353	50,756
27,246	269,304	290,560	21,256	365,480	387,840	22,360
67,021	581,265	587,465	6,199	788,147	808,449	20,302
135,248	1,151,060	1,155,921	4,861	1,575,359	1,574,706	(652)
62,798	536,407	568,876	32,469	736,794	754,344	17,551
17,248	81,839	89,437	7,598	111,448	127,846	16,398
<b>416,357</b>	<b>3,664,403</b>	<b>3,773,253</b>	<b>108,850</b>	<b>4,972,824</b>	<b>5,099,539</b>	<b>126,714</b>

### Per Enrollee

Estimated Enrollees

Cost per Enrollee per Month

894,351	880,675	877,322	(3,353)	886,504	882,359	(4,145)
466	462	478	\$16	467	482	\$14

**NOTE:** MFR does not represent bottom line State Appropriations.

Items not presented in MFR include non-claim related expenditures,  
inter-governmental transfers, refunds to providers, FQHC & RBMC payments,  
and other year end transactions.

## Total Medicaid - Detail Summary

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### **Division Program Services**

Nursing Facility	79,634,420	790,114,083	818,272,908	28,158,825	1,049,341,320	1,090,108,572	40,767,252
Hospice	4,553,497	39,968,894	36,742,708	(3,226,186)	53,376,717	49,020,190	(4,356,527)

#### **Waiver Services**

Aged and Disabled Waiver	4,305,637	43,674,547	46,882,710	3,208,163	60,016,987	64,952,776	4,935,790
MFP Demonstration Grant	0	0	103,940	103,940	13,260	437,816	424,555
TBI	239,405	2,559,844	2,876,492	316,648	3,451,184	3,994,523	543,340
Autism	1,192,900	10,124,705	9,562,540	(562,165)	13,821,867	13,853,878	32,011
Support Services	2,096,915	17,830,709	19,913,621	2,082,912	24,238,494	29,201,266	4,962,772
DD Waiver	36,583,536	297,967,056	293,050,503	(4,916,553)	407,317,876	409,018,954	1,701,079
SED Waiver	0	9,545	2,415	(7,130)	9,545	2,415	(7,130)

#### **Subtotal - Waiver Services**

	<b>44,418,393</b>	<b>372,166,406</b>	<b>372,392,222</b>	<b>225,816</b>	<b>508,869,212</b>	<b>521,461,628</b>	<b>12,592,416</b>
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#### **DDRS Targeted Case Management**

	1,377,567	12,122,939	13,169,057	1,046,119	16,381,359	17,983,441	1,602,082
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#### **ARCH - Aging and MRO**

	468,414	3,686,189	3,214,828	(471,361)	4,820,062	4,288,632	(531,431)
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#### **ICF/MR**

Small Group Homes	19,717,294	186,190,661	190,954,856	4,764,195	249,091,101	256,555,320	7,464,219
Large Private Facilities	1,371,599	13,125,140	12,799,843	(325,297)	17,578,980	17,108,713	(470,267)
State ICF/MR	1,448,785	15,508,342	16,892,436	1,384,094	31,553,948	22,429,632	(9,124,317)

#### **Inpatient Psychiatric<sup>3</sup>**

	2,555,484	22,510,015	23,783,670	1,273,654	30,425,932	31,762,757	1,336,825
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#### **Mental Health Rehabilitation**

RBMC	5,765,699	58,624,953	65,495,345	6,870,393	80,274,332	88,999,990	8,725,659
Traditional	14,302,575	140,128,226	151,385,271	11,257,045	189,440,782	200,556,198	11,115,416

#### **Other Mental Health Services**

	1,832,963	18,357,940	20,391,299	2,033,359	24,994,575	27,135,553	2,140,979
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#### **PRTF Facility**

	2,496,124	26,389,999	26,146,300	(243,699)	35,581,258	34,104,871	(1,476,387)
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#### **CA - PRTF**

	0	0	541,887	541,887	388,772	1,356,168	967,395
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#### **Managed Care Capitation Payments**

Adult	28,123,721	234,654,470	236,043,154	1,388,684	317,021,939	316,796,661	(225,277)
Children	58,738,683	485,534,820	482,235,408	(3,299,412)	657,447,829	650,307,108	(7,140,721)
Mothers	8,446,231	84,316,525	81,658,650	(2,657,875)	113,197,788	109,196,421	(4,001,367)
CHIP	7,238,758	57,481,664	55,729,733	(1,751,930)	78,922,997	75,770,184	(3,152,814)

#### **Healthy Indiana Plan**

HIP Capitation Payments	563,263	696,912	696,912	0	7,973,852	7,973,852	0
HIP POWER Accounts	1,263,628	1,673,724	1,673,724	0	10,588,218	10,588,218	0
HIP ESP Expenditures	1,493	1,501	1,501	0	431,025	431,025	0

Continued on Page 40



## Total Medicaid - Detail Summary

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### **PCCM Admin Fees**

#### **State Plan Services**

##### Hospital Services

Inpatient Hospital  
 Outpatient Hospital  
 Rehabilitation Facility

##### Non-Hospital Services

Physician Services<sup>2</sup>  
 Lab and Radiology Services  
 Other Practitioner Services  
 Clinic Services  
 DME/Prosthetics  
 Medical Supplies  
 Transportation  
 Other Non-Hospital

##### Pharmacy

Prescribed Drugs  
 OTC Drugs<sup>1</sup>

##### Dental Services

RBMC  
 Traditional

##### Home Health Services

Targeted Case Management  
 First Steps

#### **Subtotal - State Plan Services**

#### **Other Expenditures and Collections**

Medicare Buy-in Payments  
 Part D Clawback Payments  
 Pharmacy Rebates  
 TPL  
 CHIP II Premiums  
 MedWorks Premiums

#### **Total - Expenditures**

Current Month Actual	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual Spent	Budget		Forecast	Budget	
480,705	2,388,786	2,773,598	384,812	4,698,071	4,575,459	(122,612)
31,396,040	255,422,975	259,965,706	4,542,731	343,350,416	347,667,962	4,317,546
9,207,601	87,874,574	89,777,331	1,902,756	119,253,127	119,147,356	(105,770)
1,361,661	8,422,811	7,712,099	(710,712)	11,042,502	10,322,421	(720,081)
9,397,512	84,124,913	103,457,880	19,332,967	115,715,174	141,359,959	25,644,785
1,733,742	19,074,712	20,691,491	1,616,779	26,170,395	27,910,134	1,739,740
519,056	4,098,191	3,960,043	(138,148)	5,497,352	5,235,193	(262,159)
3,922,947	37,262,806	37,565,975	303,169	50,419,645	49,833,524	(586,121)
3,038,541	28,733,457	29,493,223	759,766	38,616,707	39,223,268	606,560
3,631,602	28,408,253	27,064,565	(1,343,688)	38,079,793	36,242,295	(1,837,499)
2,835,589	27,701,349	29,154,956	1,453,606	37,470,653	39,434,308	1,963,654
1,998,764	17,823,106	19,151,993	1,328,887	24,385,051	26,016,135	1,631,084
23,776,134	218,592,751	233,349,376	14,756,625	297,475,949	306,626,078	9,150,129
510,044	5,168,990	7,663,633	2,494,643	6,706,487	10,358,042	3,651,555
9,513,324	86,437,899	86,763,936	326,037	118,392,834	119,171,851	779,017
3,053,496	29,189,194	29,721,099	531,904	39,842,637	40,421,588	578,951
7,641,909	70,730,502	77,221,433	6,490,931	95,948,035	103,235,046	7,287,010
350,872	2,318,021	2,108,159	(209,862)	2,973,815	2,804,669	(169,146)
420,329	5,536,665	5,997,448	460,783	7,636,223	8,172,759	536,536
114,309,162	1,016,921,169	1,070,820,344	53,899,176	1,378,976,796	1,433,182,588	54,205,792
13,034,327	116,922,586	117,172,017	249,432	156,886,732	157,847,832	961,100
7,273,587	66,825,062	68,374,869	1,549,807	90,298,660	92,320,945	2,022,285
(1,245,247)	(86,909,434)	(75,792,091)	11,117,343	(115,683,975)	(95,044,408)	20,639,568
(1,313,685)	(10,601,771)	(16,027,005)	(5,425,235)	(14,109,075)	(21,550,130)	(7,441,056)
(356,709)	(3,142,188)	(3,043,445)	98,743	(4,258,013)	(4,065,253)	192,760
(143,895)	(1,255,037)	(1,247,427)	7,610	(1,686,721)	(1,663,236)	23,485
416,356,834	3,664,402,576	3,773,252,575	108,849,999	4,972,824,474	5,099,538,932	126,714,457

### Per Enrollee

#### **Estimated Enrollees**

#### **Cost per Enrollee per Month**

894,351	880,675	877,322	(3,353)	886,504	882,359	(4,145)
\$466	\$462	\$478	\$16	\$467	\$482	\$14

1. Paid amounts for the OTC Drugs are emerging lower than budgeted due to the reassignment of certain expenditures into category of service "0803" (Medical Supplies line item).
2. A portion of the favorable fiscal year variance for physician services is due to allocation of 70% of HCl physician funds to health plan physicians. There is a corresponding negative variance for capitation.
3. Mental Health Rehabilitation Budget adjusted to properly account for voided claims: from \$301.4 million to \$291.7 million effective January 2008 MFR
4. FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

### March QFR Variance Analysis Total Medicaid Detail Summary

Agency	Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Type	Threshold <> \$1 Million and 3.5% of Budget YTD	Variance Explanation
Aging	Nursing Facility	790,114,083	818,272,908	28,158,825	Favorable	Yes	<ul style="list-style-type: none"> <li>Forecast assumed a modest rate increase effective October 07. The actual rate change was a mild decrease. The variance is expected to grow to \$40 million with consistent variance percentages of 3.74% of budget.</li> <li>Population decrease is anticipated due to recipients transitioning to the Aged &amp; Disabled waiver.</li> </ul>
Aging	Hospice	39,968,894	36,742,708	(3,226,186)	Unfavorable	Yes	<ul style="list-style-type: none"> <li>Projected enrollment, utilization, number of days per recipient, and cost per day is greater than anticipated.</li> <li>Rate increase assumptions are consistent with nursing facilities.</li> </ul>
Aging	Waiver Services: Aged and Disabled Waiver	43,674,547	46,882,710	3,208,163	Favorable	Yes	<ul style="list-style-type: none"> <li>Projected enrollment and utilization of waiver is less than anticipated, especially with regard to CHOICE recipients.</li> <li>Under utilization is expected to continue to create a favorable year end balance.</li> </ul>
Aging	MFP Demonstration Grant	N/A	103,940	103,940	Favorable	No	<ul style="list-style-type: none"> <li>Implementation moved back from December 2007 to May 2008. Project delay creates a small year end favorable balance.</li> <li>Forecast anticipates 40 MFP-eligible recipients to transition from nursing facilities to MFP during SFY 2008.</li> </ul>
DDRS	Waiver Services: Support Services	17,830,709	19,913,621	2,082,912	Favorable	Yes	<ul style="list-style-type: none"> <li>Waiver enrollment has increased but not at the same intensity as modeled in the forecast.</li> <li>Forecast modeling includes a 3.5% rate increase for SFY08 along with additional utilization growth of 2%.</li> <li>Variance is anticipated to be favorable to year end.</li> </ul>
DDRS	Targeted Case Management	12,122,939	13,169,057	1,046,118	Favorable	Yes	<ul style="list-style-type: none"> <li>TCM has been reintroduced to the MFR.</li> <li>Variance is attributable to waiver enrollment utilization lower than anticipated.</li> <li>Variance is anticipated to be favorable to year end.</li> </ul>
DHMA	State ICF/MR	15,508,342	16,892,436	1,384,094	Favorable	Yes	Variance is attributable to lower than expected interim rates. Forecast assumes a rate adjustment at year end to reflect calculated final rates. An unfavorable variance is anticipated for year end.

Continued on Page 42

### March QFR Variance Analysis Total Medicaid Detail Summary

Agency	Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Type	Threshold <= \$1 Million and 3.5% of Budget YTD	Variance Explanation
DHMA	Inpatient Psychiatric	22,510,015	23,783,670	1,273,655	Favorable	Yes	<ul style="list-style-type: none"> <li>Variance is primarily attributable to unbilled services for Richmond and LaRue Carter. DMHA has taken steps to hire a new billing manager to rectify this situation.</li> <li>Variance is anticipated to be maintained to year end.</li> </ul>
DMHA	Mental Rehab: RBMC & Traditional	198,753,179	216,880,616	18,127,437	Favorable	Yes	<ul style="list-style-type: none"> <li>Variance attributable to discontinued program at Dunn Center and a slower than anticipated start in SFY08.</li> <li>Current forecast includes an assumption of 5% increase over SYF2007.</li> <li>Utilization is lower than anticipated including the 5% increase.</li> <li>MRO budget was adjusted to reflect the removal of voided claims in the forecast.</li> <li>The positive variance is expected to be maintained through year end.</li> <li>Expenses are anticipated to be fully offset by IGTs.</li> </ul>
DMHA	Other Mental Health Services	18,357,940	20,391,299	2,033,359	Favorable	Yes	Variance attributable to revised forecast assumptions related to Care Select Children.
Aging/DMHA/DDRS/OMPP	Managed Care Capitation Payments: Mothers	84,316,525	81,658,650	(2,657,875)	Unfavorable	No	<ul style="list-style-type: none"> <li>Variance attributable to faster processing of maternity kick payments. Variance is expected to be maintained over the fiscal year.</li> <li>Enrollment in managed care is greater than anticipated.</li> <li>Average cost per recipient greater than anticipated.</li> </ul>
Aging/DMHA/DDRS/OMPP	Managed Care Capitation Payments: CHIP	57,481,664	55,729,733	(1,751,931)	Unfavorable	No	Variance attributable to higher enrollment than anticipated.
Aging/DMHA/DDRS/OMPP	State Plan Services: Non-Hospital/Physician Services	84,124,913	103,457,880	19,332,967	Favorable	Yes	<ul style="list-style-type: none"> <li>\$4.5 million of the variance is attributable to allocation of 70% of HCI physician funds to health plan physicians. (HCI funds are usually paid out in the last quarter of the year.)</li> <li>\$1.2 million of the variance is attributable to lower than expected utilization of HPV vaccine.</li> <li>Utilization is emerging lower than expected.</li> <li>Physician bonus of \$11.1 million paid out in March as a manual check. Forecast assumed payment to be made as a claim.</li> </ul>

Continued on Page 43

### March QFR Variance Analysis Total Medicaid Detail Summary

Agency	Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Type	Threshold <= \$1 Million and 3.5% of Budget YTD	Variance Explanation
Aging/DMHA/DDRS/OMPP	State Plan Services: Non-Hospital/Lab and Radiology	19,074,712	20,691,491	1,616,779	Favorable	Yes	Variance attributable to lower than expected utilization for fee for service line item.
Aging/DMHA/DDRS/OMPP	State Plan Services: Non-Hospital/Medical Supplies	28,408,253	27,064,565	(1,343,688)	Unfavorable	Yes	Variance attributable to non-drug product claim expenditures reclass from OTC.
Aging/DMHA/DDRS/OMPP	State Plan Services: Non-Hospital/Transportation	27,701,349	29,154,956	1,453,607	Favorable	Yes	Variance attributable to lower than expected utilization for fee for service line item.
Aging/DMHA/DDRS/OMPP	State Plan Services: Non-Hospital/Other Non-Hospital	17,823,106	19,151,993	1,328,887	Favorable	Yes	Variance attributable to lower than expected utilization for fee for service line item.
Aging/DMHA/DDRS/OMPP	State Plan Services: Pharmacy/Prescribed Drugs	218,592,751	233,349,376	14,756,625	Favorable	Yes	<ul style="list-style-type: none"> <li>For the 1st quarter of 2008, generic drug utilization in the traditional Medicaid program has reached another all-time high [75.25% for all drugs, 69.6% for prescription only drugs] . Effective Preferred Drug List(PDL) management, an efficient State MAC program and mandatory generic substitution continue to contribute to an overall positive variance.</li> <li>Variance is anticipated to decrease at year end.</li> </ul>
Aging/DMHA/DDRS/OMPP	State Plan Services: Pharmacy/OTC	5,168,990	7,663,633	2,494,643	Favorable	Yes	<ul style="list-style-type: none"> <li>Variance is attributable to claims for non-drug products being realized in the Non-Hospital/Medical Supplies line item. An offsetting unfavorable variance coincides with this favorable variance.</li> <li>Variance also attributable to lower than expected utilization by the Aged population.</li> </ul>
Aging	Home Health	70,730,502	77,221,433	6,490,931	Favorable	Yes	<ul style="list-style-type: none"> <li>Variance attributable to lower utilization per recipient than expected.</li> <li>A rate increase of 25% is scheduled to be implemented July 2008.</li> </ul>

Continued on Page 44

**March QFR Variance Analysis  
Total Medicaid Detail Summary**

Agency	Line Item Name	Actual Spent YTD	Budget YTD	Variance Amount	Variance Type	Threshold <= \$1 Million and 3.5% of Budget YTD	Variance Explanation
OMPP	Pharmacy Rebates (Revenue)	86,909,434	75,792,091	(11,117,343)	Favorable	Yes	<ul style="list-style-type: none"> <li>◦ The Deficit Reduction Act changes to AMP (average manufacturer price) calculations have increased manufacturer rebate liability thus resulting in increased URA's (unit rebate amounts).</li> <li>◦ The Deficit Reduction Act required collection of NDC's (national drug codes) for the top 20 multiple-source physician administered drugs, in addition to the single source drugs we already collect on. We implemented the bulk of this requirement on 8/1/07. We chose to apply the requirement to all multiple source drugs in order to maximize rebate collections. Hospital outpatient claim requirements go into effect on 7/1/08 as allowed per a CMS waiver. The net result of these changes is that we are now able to identify the specific drug manufacturers and thus invoice them for drug rebates that were not available in the past.</li> <li>◦ Variance attributable to unbudgeted \$11 million in additional rebates for SYF2008. Interest will be collected on the \$11 million additional rebates in the amount of \$85,000.</li> </ul>
OMPP	TPL (Revenue)	(10,601,771)	(16,027,005)	(5,425,234)	Unfavorable	Yes	<ul style="list-style-type: none"> <li>◦ The variance is attributable to the decrease in paid claims as the population moves toward managed care. It is anticipated that TPL will decrease 8 - 10% in recoveries for SFY08. Focus will shift to cost avoidance.</li> <li>◦ Variance is expected to be consistent to year end.</li> </ul>

## Total Medicaid - Delivery System Summary

**February-08**  
**4 Tuesdays in Month**

### Expenditures

#### Adults and Children - Hoosier Healthwise, Traditional and HIP

Adult	35,265,979	299,803,592	303,014,332	3,210,739	404,210,242	407,831,304	3,621,062
Children	80,072,819	693,390,138	701,489,958	8,099,820	940,325,203	947,998,454	7,673,250
Mothers	11,449,542	114,395,330	111,996,622	(2,398,708)	154,352,248	150,464,127	(3,888,121)
CHIP Programs	10,196,723	85,637,494	82,512,095	(3,125,399)	116,886,015	112,227,200	(4,658,815)
Healthy Indiana Plan (HIP)	1,828,385	2,372,137	2,372,137	0	18,993,095	18,993,095	0

#### Aged, Blind and Disabled - Care Select, Partials and Traditional

Care Select and Care Select Potentials	88,311,966	782,196,873	816,492,130	34,295,258	1,062,223,687	1,093,197,639	30,973,952
Traditional	56,872,694	477,133,201	506,651,679	29,518,478	652,058,019	692,404,031	40,346,012
Partials	448,140	3,367,223	3,271,061	(96,162)	4,613,832	4,451,101	(162,731)

#### Institutionalized Populations

114,193,795	1,120,581,180	1,152,800,814	32,219,634	1,502,894,463	1,539,837,600	36,943,136
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#### ARCH - Aging and MRO

468,414	3,686,189	3,214,828	(471,361)	4,820,062	4,288,632	(531,431)
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#### Other Expenditures and Collections

17,248,377	81,839,218	89,436,918	7,597,700	111,447,608	127,845,751	16,398,143
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#### Total - Expenditures

416,356,834	3,664,402,576	3,773,252,575	108,849,999	4,972,824,474	5,099,538,932	126,714,457
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### Per Enrollee

#### Estimated Enrollees

#### Cost per Enrollee per Month

894,351	880,675	877,322	(3,353)	886,504	882,359	(4,145)
\$466	\$462	\$478	\$16	\$467	\$482	\$14

# Total Medicaid - Delivery System Summary

## Average Per Member Per Month

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### **Adults and Children - Risk-based Managed Care**

Adult	\$357.62	\$340.08	\$345.01	\$4.92	\$343.21	\$347.44	\$4.23
Children	\$171.25	\$165.00	\$166.94	\$1.94	\$167.17	\$168.73	\$1.56
Mothers	\$595.30	\$680.28	\$668.26	(\$12.03)	\$679.31	\$666.02	(\$13.29)
CHIP Programs	\$146.74	\$137.46	\$138.83	\$1.37	\$140.11	\$141.39	\$1.28

#### **Adults and Children - Fee-for-Service**

Adult	\$239.09	\$236.06	\$242.36	\$6.30	\$236.77	\$245.97	\$9.19
Children	\$173.91	\$182.57	\$189.14	\$6.57	\$184.66	\$190.08	\$5.42
Mothers	\$205.73	\$234.94	\$246.31	\$11.37	\$239.11	\$249.50	\$10.39
CHIP Programs	\$107.83	\$113.50	\$97.75	(\$15.74)	\$113.13	\$98.88	(\$14.25)

#### **Adults and Children - Healthy Indiana Plan**

Childless Adults	\$961.49	\$1,013.32	\$1,013.32	\$0.00	\$632.00	\$632.00	\$0.00
Parents	\$836.79	\$841.23	\$841.23	\$0.00	\$669.14	\$669.14	\$0.00
ESP	\$62.23	\$51.76	\$51.76	\$0.00	\$1,374.94	\$1,374.94	\$0.00

#### **Aged, Blind and Disabled - Care Select, Partials and Traditional**

Care Select and Care Select Potentials	\$2,519.67	\$10,766.59	\$7,833.30	(\$2,933.29)	\$5,147.30	\$4,185.13	(\$962.17)
Traditional	\$710.29	\$668.04	\$707.87	\$39.84	\$684.49	\$722.64	\$38.15
Partials	\$14.07	\$12.20	\$12.09	(\$0.11)	\$12.37	\$12.25	(\$0.12)

#### **Institutionalized Populations**

	\$3,432.27	\$3,706.32	\$3,788.69	\$82.36	\$3,733.53	\$3,806.87	\$73.35
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1. PMPM's exclude Other Expenditures and Collections and ARCH.

# Summary Adults and Children - Hoosier Healthwise, Traditional and Healthy Indiana Plan

**March-08**  
**4 Tuesdays in Month**

## Expenditures

	Current Month	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual	Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	281,008	3,285,938	3,708,461	422,523	4,542,475	5,111,322	568,846
<b>Mental Health Rehabilitation</b>							
RBMC	5,765,699	58,624,953	65,495,345	6,870,393	80,274,332	88,999,990	8,725,659
Traditional	450,530	4,647,310	5,235,430	588,120	6,282,067	7,037,013	754,946
<b>Other Mental Health Services</b>	157,426	1,959,548	2,050,710	91,161	2,540,025	2,761,610	221,585
<b>PRTF Facility</b>	1,623,282	17,567,174	15,874,036	(1,693,138)	23,532,213	20,742,557	(2,789,656)
<b>CA - PRTF</b>	0	0	402,033	402,033	243,711	988,715	745,004
<b>Managed Care Capitation Payments<sup>2</sup></b>							
Adult	28,123,721	234,654,470	236,043,154	1,388,684	317,021,939	316,796,661	(225,277)
Children	58,738,683	485,534,820	482,235,408	(3,299,412)	657,447,829	650,307,108	(7,140,721)
Mothers <sup>1</sup>	8,446,231	84,316,525	81,658,650	(2,657,875)	113,197,788	109,196,421	(4,001,367)
CHIP	7,238,758	57,481,664	55,729,733	(1,751,930)	78,922,997	75,770,184	(3,152,814)
<b>Healthy Indiana Plan<sup>3</sup></b>							
HIP Capitation Payments	563,263	696,912	696,912	0	7,973,852	7,973,852	0
HIP POWER Accounts	1,263,628	1,673,724	1,673,724	0	10,588,218	10,588,218	0
HIP ESP Expenditures	1,493	1,501	1,501	0	431,025	431,025	0
<b>PCCM Admin Fees</b>	585	10,653	14,045	3,392	11,047	15,576	4,529
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	7,301,650	65,357,980	64,969,394	(388,586)	86,770,429	87,452,375	681,946
Outpatient Hospital	2,067,171	19,966,096	19,602,488	(363,608)	27,184,711	26,493,786	(690,924)
Rehabilitation Facility	18,114	104,160	104,082	(78)	139,515	145,613	6,098
Non-Hospital Services							
Physician Services	2,127,285	21,323,310	27,267,581	5,944,272	29,078,757	37,619,199	8,540,442
Lab and Radiology Services	466,150	5,619,457	6,225,248	605,791	7,753,096	8,435,853	682,757
Other Practitioner Services	32,463	368,325	303,149	(65,176)	494,487	405,774	(88,713)

Continued on Page 48



## Summary Adults and Children - Hoosier Healthwise, Traditional and Healthy Indiana Plan

**March-08**  
**4 Tuesdays in Month**

### Expenditures

	Current Month Actual	SFY 2008 Year to Date		Variance	SFY 2008		Variance
		Actual Spent	Budget		Forecast	Budget	
Clinic Services	1,022,636	10,854,268	10,460,837	(393,431)	14,444,792	14,056,931	(387,861)
DME/Prosthetics	103,645	971,206	999,174	27,968	1,314,933	1,350,003	35,070
Medical Supplies	101,495	916,306	786,425	(129,881)	1,218,553	1,085,666	(132,887)
Transportation	183,851	1,597,859	1,700,284	102,425	2,094,774	2,319,665	224,891
Other Non-Hospital	280,368	2,950,991	2,291,470	(659,521)	3,981,302	3,124,353	(856,949)
Pharmacy							
Prescribed Drugs	1,373,193	13,197,047	13,003,244	(193,802)	17,937,356	17,718,535	(218,820)
OTC Drugs	13,296	152,494	205,440	52,945	198,270	281,608	83,339
Dental Services							
RBMC	9,513,324	86,437,899	86,763,936	326,037	118,392,834	119,171,851	779,017
Traditional	887,843	9,039,700	9,780,547	740,846	12,313,055	12,820,391	507,336
Home Health Services	74,899	420,244	182,882	(237,363)	520,481	225,224	(295,257)
Targeted Case Management	244,718	1,366,984	1,082,101	(284,884)	1,658,215	1,456,428	(201,787)
First Steps	347,041	4,499,171	4,837,720	338,549	6,261,726	6,630,672	368,946
<b>Subtotal - State Plan Services</b>	<b>26,159,141</b>	<b>245,143,499</b>	<b>250,566,001</b>	<b>5,422,502</b>	<b>331,757,285</b>	<b>340,793,927</b>	<b>9,036,641</b>
<b>Total - Expenditures</b>	<b>138,813,448</b>	<b>1,195,598,692</b>	<b>1,201,385,144</b>	<b>5,786,452</b>	<b>1,634,766,804</b>	<b>1,637,514,179</b>	<b>2,747,376</b>

### Per Enrollee

**Estimated Enrollees - RBMC**

**Expenditures - RBMC**

**Cost per Enrollee per Month - RBMC**

567,788	555,448	550,542	(4,906)	558,456	552,176	(6,280)
117,826,416	1,007,050,330	1,007,926,227	875,897	1,365,257,719	1,360,242,216	(5,015,504)
\$208	\$201	\$203	\$2	\$204	\$205	\$2

**Estimated Enrollees - Traditional**

**Expenditures - Traditional**

**Cost per Enrollee per Month - Traditional**

104,447	107,676	107,982	306	107,582	108,533	951
19,158,647	186,176,225	191,086,780	4,910,555	250,515,989	258,278,868	7,762,879
\$183	\$192	\$197	\$5	\$194	\$198	\$4

**Estimated Enrollees - Healthy Indiana Plan**

**Expenditures - Healthy Indiana Plan**

**Cost per Enrollee per Month - Healthy Indiana Plan**

2,043	284	284	0	2,414	2,414	0
1,828,385	2,372,137	2,372,137	0	18,993,095	18,993,095	0
\$895	\$927	\$927	\$0	\$656	\$656	\$0

**Population Description: TANF and CHIP recipients with no Level of Care, receiving care through Hoosier Healthwise, HIP, or through a Traditional FFS delivery system.**

1. Significant contributors to the negative capitation variance include higher enrollment and emergence of shorter average payment lag in maternity kick payments.
2. CY 2008 increases to January capitation payments were paid in March 2008.
3. Healthy Indiana Plan expenditures were not budgeted. Budget has been set equal to forecast in order to have no impact on variance.
4. FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

## Hoosier Healthwise and Traditional - Adults

**March-08**  
**4 Tuesdays in Month**

### Expenditures

	Current Month	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual	Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	15,114	104,890	88,553	(16,337)	130,631	118,567	(12,064)
<b>Mental Health Rehabilitation</b>							
RBMC	449,791	4,536,790	4,913,797	377,006	6,076,792	6,735,251	658,459
Traditional	57,743	700,999	886,532	185,533	969,695	1,204,933	235,238
<b>Other Mental Health Services</b>	30,032	529,782	485,726	(44,056)	676,667	619,625	(57,042)
<b>Managed Care Capitation Payments<sup>1</sup></b>							
Adult	28,123,721	234,654,470	236,043,154	1,388,684	317,021,939	316,796,661	(225,277)
<b>PCCM Admin Fees</b>	435	9,284	19,191	9,907	9,546	25,741	16,195
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	1,452,840	11,539,535	11,997,162	457,626	15,183,043	16,175,475	992,433
Outpatient Hospital	823,565	8,204,562	8,014,922	(189,640)	10,926,758	10,794,497	(132,261)
Rehabilitation Facility	149	6,449	79,626	73,177	8,497	114,090	105,593
Non-Hospital Services							
Physician Services	641,921	6,429,771	7,801,697	1,371,926	8,749,920	10,926,535	2,176,616
Lab and Radiology Services	133,849	1,852,749	2,126,503	273,754	2,525,810	2,878,599	352,789
Other Practitioner Services	18,408	204,662	153,347	(51,315)	277,769	202,673	(75,096)
Clinic Services	264,364	2,759,842	2,906,053	146,211	3,676,701	3,929,661	252,960
DME/Prosthetics	32,295	281,318	300,775	19,457	364,439	404,454	40,015
Medical Supplies	21,582	224,357	233,039	8,681	270,811	327,253	56,442
Transportation	65,805	619,565	665,193	45,628	793,967	918,106	124,140
Other Non-Hospital	96,028	952,985	940,121	(12,864)	1,248,914	1,267,072	18,158
Pharmacy							
Prescribed Drugs	534,249	5,129,906	4,966,880	(163,026)	6,909,331	6,692,540	(216,791)
OTC Drugs	4,937	63,150	69,399	6,249	81,098	93,804	12,706
Dental Services							
RBMC	2,061,674	17,328,278	16,823,270	(505,008)	23,451,373	22,959,918	(491,455)
Traditional	313,886	3,101,625	3,318,993	217,368	4,221,086	4,407,771	186,685
Home Health Services	6,079	60,174	100,135	39,961	70,721	134,707	63,986
Targeted Case Management	117,512	508,449	80,266	(428,182)	564,735	103,370	(461,365)
First Steps	0	0	0	0	0	0	0
<b>Subtotal - State Plan Services</b>	<b>6,589,142</b>	<b>59,267,377</b>	<b>60,577,379</b>	<b>1,310,002</b>	<b>79,324,973</b>	<b>82,330,526</b>	<b>3,005,553</b>
<b>Total - Expenditures</b>	<b>35,265,979</b>	<b>299,803,592</b>	<b>303,014,332</b>	<b>3,210,739</b>	<b>404,210,242</b>	<b>407,831,304</b>	<b>3,621,062</b>

### Per Enrollee

<b>Estimated Enrollees - RBMC</b>	85,664	83,810	83,020	(790)	84,144	83,107	(1,037)
<b>Expenditures - RBMC</b>	30,635,186	256,519,539	257,780,220	1,260,682	346,550,104	346,491,831	(58,273)
<b>Cost per Enrollee per Month - RBMC</b>	\$358	\$340	\$345	\$5	\$343	\$347	\$4
<b>Estimated Enrollees - Traditional</b>	19,368	20,373	20,737	364	20,294	20,782	488
<b>Expenditures - Traditional</b>	4,630,792	43,284,054	45,234,111	1,950,057	57,660,139	61,339,473	3,679,335
<b>Cost per Enrollee per Month - Traditional</b>	\$239	\$236	\$242	\$6	\$237	\$246	\$9

**Population Description: TANF Adult recipients with no Level of Care, receiving care either through Hoosier Healthwise or through a Traditional FFS delivery system.**

1. CY 2008 increases to January capitation payments were paid in March 2008.
2. FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

## Hoosier Healthwise and Traditional - Children

**March-08**  
**4 Tuesdays in Month**

### Expenditures

	Current Month	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual	Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	222,850	2,658,977	2,892,208	233,231	3,722,465	4,002,184	279,719
<b>Mental Health Rehabilitation</b>							
RBMC	4,758,148	48,471,615	55,058,608	6,586,993	66,653,617	74,859,567	8,205,951
Traditional	328,398	3,258,186	3,564,050	305,863	4,368,113	4,782,776	414,664
<b>Other Mental Health Services</b>	89,439	1,110,793	1,151,735	40,943	1,458,052	1,559,103	101,051
<b>PRTF Facility</b>	1,450,190	15,816,251	15,874,036	57,785	21,278,492	20,742,557	(535,935)
<b>CA - PRTF</b>	0	0	402,033	402,033	243,711	988,715	745,004
<b>Managed Care Capitation Payments<sup>2</sup></b>							
Children	58,738,683	485,534,820	482,235,408	(3,299,412)	657,447,829	650,307,108	(7,140,721)
<b>PCCM Admin Fees</b>	135	570	(6,847)	(7,417)	641	(12,456)	(13,097)
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	4,561,020	41,201,706	40,570,338	(631,368)	54,619,520	54,559,937	(59,583)
Outpatient Hospital	590,372	5,508,360	5,706,765	198,405	7,564,264	7,741,296	177,032
Rehabilitation Facility	17,873	94,642	19,262	(75,380)	126,351	24,412	(101,939)
Non-Hospital Services							
Physician Services	881,619	8,605,262	12,025,140	3,419,878	11,658,307	16,323,713	4,665,406
Lab and Radiology Services	71,053	850,263	994,556	144,292	1,189,908	1,340,154	150,246
Other Practitioner Services	7,751	109,400	109,031	(370)	144,277	148,786	4,510
Clinic Services	418,519	4,654,811	4,438,245	(216,566)	6,233,474	5,925,519	(307,955)
DME/Prosthetics	51,438	596,392	633,903	37,511	833,474	858,172	24,698
Medical Supplies	60,897	530,788	395,366	(135,422)	751,093	541,865	(209,228)
Transportation	82,237	679,115	778,215	99,099	904,180	1,045,747	141,567
Other Non-Hospital	138,410	1,555,567	980,562	(575,005)	2,122,685	1,345,612	(777,073)
Pharmacy							
Prescribed Drugs	623,388	5,785,838	5,906,731	120,894	8,023,244	8,100,094	76,850
OTC Drugs	5,904	66,799	110,140	43,341	87,982	152,573	64,591
Dental Services							
RBMC	6,036,409	56,402,487	57,151,563	749,076	77,408,604	78,681,448	1,272,844
Traditional	435,871	4,621,974	5,011,151	389,177	6,272,294	6,489,945	217,651
Home Health Services	67,240	301,958	31,993	(269,965)	386,773	26,140	(360,633)
Targeted Case Management	111,899	768,470	915,449	146,979	965,571	1,239,277	273,706
First Steps	323,077	4,205,094	4,540,319	335,225	5,860,282	6,224,209	363,927
<b>Subtotal - State Plan Services</b>	<b>14,484,977</b>	<b>136,538,926</b>	<b>140,318,727</b>	<b>3,779,801</b>	<b>185,152,283</b>	<b>190,768,899</b>	<b>5,616,616</b>
<b>Total - Expenditures</b>	<b>80,072,819</b>	<b>693,390,138</b>	<b>701,489,958</b>	<b>8,099,820</b>	<b>940,325,203</b>	<b>947,998,454</b>	<b>7,673,250</b>

### Per Enrollee<sup>1</sup>

<b>Estimated Enrollees - RBMC</b>	406,025	397,583	395,655	(1,928)	399,552	397,019	(2,533)
<b>Expenditures - RBMC</b>	69,533,240	590,408,922	594,445,579	4,036,657	801,510,050	803,848,124	2,338,073
<b>Cost per Enrollee per Month - RBMC</b>	\$171	\$165	\$167	\$2	\$167	\$169	\$2
<b>Estimated Enrollees - Traditional</b>	60,603	62,675	62,884	209	62,645	63,197	552
<b>Expenditures - Traditional</b>	10,539,579	102,981,216	107,044,379	4,063,163	138,815,153	144,150,330	5,335,177
<b>Cost per Enrollee per Month - Traditional</b>	\$174	\$183	\$189	\$7	\$185	\$190	\$5

**Population Description: TANF Child recipients with no Level of Care, receiving care either through Hoosier Healthwise or through a Traditional FFS delivery system (includes PRTF children)**

- The majority of the negative variance for SFY2008 is due to higher enrollment than anticipated.
- CY 2008 increases to January capitation payments were paid in March 2008.
- FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

## Hoosier Healthwise and Traditional - Mothers

**March-08**  
**4 Tuesdays in Month**

### Expenditures

	Current Month	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual	Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	473	16,739	6,261	(10,478)	16,739	6,261	(10,478)
<b>Mental Health Rehabilitation</b>							
RBMC	28,463	295,412	314,778	19,366	395,945	434,941	38,995
Traditional	22,744	185,849	186,373	524	253,392	252,834	(558)
<b>Other Mental Health Services</b>	7,999	61,148	65,408	4,260	81,811	86,343	4,532
<b>Managed Care Capitation Payments<sup>2</sup></b>							
Mothers <sup>1</sup>	8,446,231	84,316,525	81,658,650	(2,657,875)	113,197,788	109,196,421	(4,001,367)
<b>PCCM Admin Fees</b>	15	763	1,652	889	775	2,241	1,466
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	1,102,181	10,755,078	10,663,505	(91,573)	14,599,755	14,386,635	(213,119)
Outpatient Hospital	547,353	5,263,884	4,901,932	(361,951)	7,368,018	6,616,522	(751,495)
Rehabilitation Facility	92	290	242	(48)	760	344	(416)
Non-Hospital Services							
Physician Services	488,974	5,249,787	6,046,932	797,144	7,289,961	8,435,606	1,145,645
Lab and Radiology Services	245,812	2,747,323	2,914,019	166,695	3,808,564	3,957,070	148,506
Other Practitioner Services	1,572	21,507	17,910	(3,597)	29,170	23,877	(5,293)
Clinic Services	281,875	2,919,684	2,594,165	(325,519)	3,839,235	3,487,547	(351,688)
DME/Prosthetics	2,577	24,514	17,526	(6,988)	29,258	23,849	(5,409)
Medical Supplies	9,384	91,090	86,926	(4,163)	106,963	117,748	10,785
Transportation	23,062	223,031	187,857	(35,173)	296,923	256,219	(40,704)
Other Non-Hospital	8,060	68,428	79,096	10,669	93,882	109,124	15,242
Pharmacy							
Prescribed Drugs	56,088	569,387	686,037	116,650	790,442	936,796	146,354
OTC Drugs	1,163	10,850	13,903	3,053	14,318	18,948	4,630
Dental Services							
RBMC	139,979	1,238,957	1,212,473	(26,484)	1,687,249	1,650,898	(36,352)
Traditional	29,168	257,812	257,235	(578)	357,896	353,582	(4,313)
Home Health Services	603	40,041	46,350	6,309	44,085	58,467	14,381
Targeted Case Management	5,676	37,232	37,393	161	49,319	51,855	2,536
First Steps	0	0	0	0	0	0	0
<b>Subtotal - State Plan Services</b>	<b>2,943,618</b>	<b>29,518,895</b>	<b>29,763,501</b>	<b>244,607</b>	<b>40,405,798</b>	<b>40,485,086</b>	<b>79,288</b>
<b>Total - Expenditures</b>	<b>11,449,542</b>	<b>114,395,330</b>	<b>111,996,622</b>	<b>(2,398,708)</b>	<b>154,352,248</b>	<b>150,464,127</b>	<b>(3,888,121)</b>

### Per Enrollee

<b>Estimated Enrollees - RBMC</b>	14,471	14,022	13,831	(191)	14,142	13,924	(218)
<b>Expenditures - RBMC</b>	8,614,672	85,850,893	83,185,901	(2,664,993)	115,280,983	111,282,259	(3,998,723)
<b>Cost per Enrollee per Month - RBMC</b>	\$595	\$680	\$668	(\$12)	\$679	\$666	(\$13)
<b>Estimated Enrollees - Traditional</b>	13,779	13,500	12,997	(503)	13,617	13,087	(530)
<b>Expenditures - Traditional</b>	2,834,870	28,544,437	28,810,722	266,285	39,071,265	39,181,867	110,602
<b>Cost per Enrollee per Month - Traditional</b>	\$206	\$235	\$246	\$11	\$239	\$250	\$10

**Population Description: Pregnant Women with no Level of Care, receiving care either through Hoosier Healthwise or through a Traditional FFS delivery system.**

- Significant contributors to the negative capitation variance include higher enrollment and emergence of shorter average payment lag in maternity kick payments.
- CY 2008 increases to January capitation payments were paid in March 2008.
- FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

# Hoosier Healthwise and Traditional - CHIP

**March-08**  
**4 Tuesdays in Month**

## **Expenditures**

	Current Month	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual	Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	42,570	505,331	721,438	216,107	672,639	984,310	311,670
<b>Mental Health Rehabilitation</b>							
RBMC	529,297	5,321,135	5,208,163	(112,972)	7,147,978	6,970,232	(177,746)
Traditional	41,645	502,277	598,476	96,199	690,868	796,470	105,602
<b>Other Mental Health Services</b>	29,957	257,826	347,840	90,014	323,495	496,539	173,044
<b>PRTF Facility</b>	173,092	1,750,924	0	(1,750,924)	2,253,721	0	(2,253,721)
<b>Managed Care Capitation Payments<sup>1</sup></b>							
CHIP	7,238,758	57,481,664	55,729,733	(1,751,930)	78,922,997	75,770,184	(3,152,814)
<b>PCCM Admin Fees</b>	0	36	50	14	85	50	(35)
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	185,608	1,861,661	1,738,389	(123,272)	2,368,111	2,330,327	(37,784)
Outpatient Hospital	105,881	989,290	978,869	(10,421)	1,325,671	1,341,472	15,800
Rehabilitation Facility	0	2,779	4,953	2,174	3,906	6,766	2,860
Non-Hospital Services							
Physician Services	114,771	1,038,490	1,393,813	355,323	1,380,569	1,933,345	552,775
Lab and Radiology Services	15,437	169,121	190,170	21,049	228,815	260,031	31,216
Other Practitioner Services	4,733	32,756	22,861	(9,895)	43,271	30,438	(12,834)
Clinic Services	57,878	519,932	522,374	2,442	695,382	714,204	18,822
DME/Prosthetics	17,334	68,982	46,970	(22,012)	87,762	63,528	(24,234)
Medical Supplies	9,632	70,071	71,094	1,023	89,686	98,800	9,114
Transportation	12,747	76,148	69,019	(7,129)	99,704	99,593	(111)
Other Non-Hospital	37,870	374,012	291,691	(82,320)	515,821	402,546	(113,275)
Pharmacy							
Prescribed Drugs	159,467	1,711,916	1,443,597	(268,319)	2,214,339	1,989,106	(225,234)
OTC Drugs	1,292	11,695	11,998	303	14,871	16,283	1,412
Dental Services							
RBMC	1,275,262	11,468,177	11,576,630	108,453	15,845,607	15,879,587	33,979
Traditional	108,918	1,058,289	1,193,168	134,879	1,461,779	1,569,093	107,314
Home Health Services	977	18,071	4,403	(13,668)	18,901	5,909	(12,992)
Targeted Case Management	9,631	52,834	48,993	(3,841)	78,591	61,926	(16,664)
First Steps	23,964	294,078	297,401	3,323	401,445	406,463	5,019
<b>Subtotal - State Plan Services</b>	<b>2,141,404</b>	<b>19,818,302</b>	<b>19,906,394</b>	<b>88,092</b>	<b>26,874,231</b>	<b>27,209,416</b>	<b>335,184</b>
<b>Total - Expenditures</b>	<b>10,196,723</b>	<b>85,637,494</b>	<b>82,512,095</b>	<b>(3,125,399)</b>	<b>116,886,015</b>	<b>112,227,200</b>	<b>(4,658,815)</b>

## **Per Enrollee**

<b>Estimated Enrollees - RBMC</b>	61,627	60,033	58,035	(1,998)	60,618	58,126	(2,491)
<b>Expenditures - RBMC</b>	9,043,317	74,270,976	72,514,527	(1,756,449)	101,916,583	98,620,002	(3,296,580)
<b>Cost per Enrollee per Month - RBMC</b>	<b>\$147</b>	<b>\$137</b>	<b>\$139</b>	<b>\$1</b>	<b>\$140</b>	<b>\$141</b>	<b>\$1</b>
<b>Estimated Enrollees - Traditional</b>	10,697	11,128	11,364	236	11,027	11,468	441
<b>Expenditures - Traditional</b>	1,153,406	11,366,518	9,997,568	(1,368,950)	14,969,432	13,607,198	(1,362,234)
<b>Cost per Enrollee per Month - Traditional</b>	<b>\$108</b>	<b>\$113</b>	<b>\$98</b>	<b>(\$16)</b>	<b>\$113</b>	<b>\$99</b>	<b>(\$14)</b>

Population Description: CHIP I and CHIP II recipients with no Level of Care, receiving care either through Hoosier Healthwise or through a Traditional FFS delivery system.

1. CY 2008 increases to January capitation payments were paid in March 2008.
2. FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

## Healthy Indiana Plan (HIP)

**March-08**  
**4 Tuesdays in Month**

## Expenditures

## Childless Adults

Capitation Payments	348,149	442,452	442,452	0	5,042,749	5,042,749	0
POWER Accounts	711,408	989,372	989,372	0	5,322,645	5,322,645	0
<b>Subtotal - Childless Adults</b>	<b>1,059,557</b>	<b>1,431,824</b>	<b>1,431,824</b>	<b>0</b>	<b>10,365,394</b>	<b>10,365,394</b>	<b>0</b>

## Parents

Capitation Payments	215,115	254,460	254,460	(0)	2,931,103	2,931,103	0
POWER Accounts	552,220	684,352	684,352	0	5,265,573	5,265,573	0
<b>Subtotal - Parents</b>	<b>767,335</b>	<b>938,812</b>	<b>938,812</b>	<b>(0)</b>	<b>8,196,676</b>	<b>8,196,676</b>	<b>0</b>

**ESP**

Expenditures	1,493	1,501	1,501	0	431,025	431,025	0
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### Total - Expenditures

1,828,385	2,372,137	2,372,137	(0)	18,993,095	18,993,095	0
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### Per Enrollee

### Estimated Enrollees - Childless Adults

### Cost per Enrollee per Month - Childless Adults

1,102	157	157	0	1,367	1,367	0
\$961	\$1,013	\$1,013	\$0	\$632	\$632	\$0

### Estimated Enrollees - Parents

### Cost per Enrollee per Month - Parents

917	124	124	0	1,021	1,021	0
\$837	\$841	\$841	\$0	\$669	\$669	\$0

### Estimated Enrollees - ESP

### Cost per Enrollee per Month - ESP

24	3	3	0	26	26	0
\$62	\$52	\$52	\$0	\$1,375	\$1,375	\$0

**Population Description: Healthy Indiana Plan participants.**

1. Healthy Indiana Plan expenditures were not budgeted. Budget has been set equal to forecast in order to have no impact on variance.
2. POWER Account contributions reflect full annual funding of account (\$1,100) during first month of enrollment.
3. No POWER Account contributions for ESP enrollees.

## Summary Aged, Blind and Disabled - Care Select, Traditional, and Partial

March-08  
4 Tuesdays in Month

### Expenditures

#### Waiver Services

Aged and Disabled Waiver	4,305,637	43,674,547	46,882,710	3,208,163	60,016,987	64,952,776	4,935,790
MFP Demonstration Grant	0	0	103,940	103,940	13,260	437,816	424,555
TBI	239,405	2,559,844	2,876,492	316,648	3,451,184	3,994,523	543,340
Autism	1,192,900	10,124,705	9,562,540	(562,165)	13,851,867	13,853,878	32,011
Support Services	2,096,915	17,830,709	19,913,621	2,082,912	24,238,494	29,201,266	4,962,772
DD Waiver	36,583,536	297,967,056	293,050,503	(4,916,553)	407,317,876	409,018,954	1,701,079
SED Waiver	0	9,545	2,415	(7,130)	9,545	2,415	(7,130)

#### Subtotal - Waiver Services

	44,418,393	372,166,406	372,392,222	225,816	508,869,212	521,461,628	12,592,416
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#### DDRS Targeted Case Management

	1,377,567	12,122,939	13,169,057	1,046,119	16,381,359	17,983,441	1,602,082
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#### Inpatient Psychiatric

##### Mental Health Rehabilitation

Traditional

	13,569,327	132,861,087	142,997,564	10,136,477	179,639,049	189,197,329	9,558,281
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##### Other Mental Health Services

##### PRTF Facility

##### CA - PRTF

	1,534,851	15,073,587	16,675,594	1,602,007	20,640,134	22,139,088	1,498,954
	872,842	8,822,825	10,272,265	1,449,440	12,049,046	13,362,315	1,313,269
	0	0	139,855	139,855	145,061	367,452	222,391

#### PCCM Admin Fees

	479,895	2,371,561	2,753,891	382,330	4,679,748	4,552,460	(127,287)
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#### State Plan Services

##### Hospital Services

Inpatient Hospital

Outpatient Hospital

Rehabilitation Facility

	22,054,062	172,654,121	178,250,129	5,596,009	233,183,876	237,709,548	4,525,672
	6,816,841	64,584,380	66,746,787	2,162,406	87,578,782	88,018,935	440,153
	1,082,825	6,899,504	6,487,861	(411,643)	9,063,810	8,674,987	(388,823)

##### Non-Hospital Services

Physician Services

Lab and Radiology Services

Other Practitioner Services

Clinic Services

DME/Prosthetics

Medical Supplies

Transportation

Other Non-Hospital

	6,772,355	58,393,086	71,571,532	13,178,446	80,653,195	97,284,237	16,631,042
	1,155,568	12,319,604	13,325,755	1,006,151	16,879,068	17,925,712	1,046,644
	354,895	3,033,068	2,984,366	(48,702)	4,080,826	3,915,558	(165,268)
	2,411,116	22,060,829	23,183,026	1,122,197	30,193,478	30,518,301	324,823
	2,815,794	26,367,275	26,977,796	610,521	35,458,803	35,829,300	370,497
	3,287,156	25,645,019	25,154,713	(490,305)	34,532,849	33,634,429	(898,420)
	2,005,728	19,469,349	20,798,872	1,329,523	26,507,242	28,006,509	1,499,268
	1,476,354	12,828,550	14,979,364	2,150,814	17,675,829	20,353,547	2,677,718

##### Pharmacy

Prescribed Drugs

OTC Drugs

	21,160,325	185,626,039	199,231,092	13,605,054	252,186,816	260,330,952	8,144,136
	229,376	2,235,180	3,441,302	1,206,122	3,045,001	4,649,471	1,604,469

##### Dental Services

RBMC

Traditional

Home Health Services

Targeted Case Management

First Steps

	0	0	0	0	0	0	0
	1,851,587	16,988,123	16,804,805	(183,318)	23,198,243	23,193,899	(4,343)
	7,528,319	69,841,521	76,707,559	6,866,038	94,839,561	102,571,142	7,731,581
	93,013	801,302	867,849	66,547	1,121,867	1,148,766	26,898
	73,288	1,036,264	1,156,420	120,157	1,372,986	1,537,443	164,458

#### Subtotal - State Plan Services

	81,168,601	700,783,211	748,669,229	47,886,018	951,572,232	995,302,737	43,730,504
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#### Total - Expenditures

	145,632,800	1,262,697,297	1,326,414,871	63,717,573	1,718,895,537	1,790,052,771	71,157,234
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### Per Enrollee

#### Estimated Enrollees

#### Cost per Enrollee per Month

186,802	183,673	184,705	1,032	184,508	185,529	1,021
\$780	\$764	\$798	\$34	\$776	\$804	\$28

Population Description: Non-institutionalized Aged, Blind, and Disabled recipients, receiving care either through Care Select or through the Traditional FFS delivery system. Also includes Care Select children.

1. FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

## Care Select and Care Select Potentials - Summary

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### **Waiver Services**

Aged and Disabled Waiver	1,219,118	12,634,394	13,310,916	676,522	17,411,482	18,942,679	1,531,197
MFP Demonstration Grant	0	0	26,813	26,813	3,876	130,845	126,969
TBI	79,976	962,281	974,181	11,900	1,284,954	1,384,169	99,215
Autism	910,072	7,909,040	7,261,950	(647,090)	10,729,668	10,677,616	(52,053)
Support Services	884,497	7,765,033	8,231,600	466,567	10,431,125	12,392,479	1,961,354
DD Waiver	11,916,247	98,365,187	91,482,075	(6,883,112)	134,161,065	132,716,180	(1,444,885)

<b>Subtotal - Waiver Services</b>	<b>15,009,910</b>	<b>127,635,935</b>	<b>121,287,534</b>	<b>(6,348,401)</b>	<b>174,022,171</b>	<b>176,243,967</b>	<b>2,221,796</b>
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<b>DDRS Targeted Case Management</b>	579,143	5,023,759	5,654,161	630,403	6,821,595	7,730,510	908,916
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#### **ARCH**

<b>Inpatient Psychiatric</b>	1,230,898	11,682,979	12,798,102	1,115,123	15,956,527	16,961,187	1,004,660
<b>Mental Health Rehabilitation</b>							
Traditional	6,095,978	61,543,120	68,064,638	6,521,518	83,090,761	88,306,415	5,215,654
<b>Other Mental Health Services</b>	1,273,721	12,516,966	14,069,237	1,552,271	17,079,693	18,592,006	1,512,313
<b>PRTF Facility</b>	872,842	8,822,825	10,272,265	1,449,440	12,049,046	13,362,315	1,313,269
<b>CA - PRTF</b>	0	0	139,855	139,855	145,061	367,452	222,391

<b>PCCM Admin Fees</b>	478,035	1,961,281	1,867,253	(94,028)	4,264,308	3,364,574	(899,734)
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#### **State Plan Services**

<b>Hospital Services</b>							
Inpatient Hospital	17,743,925	146,701,457	149,242,162	2,540,705	197,486,135	198,833,258	1,347,123
Outpatient Hospital	5,292,487	50,681,041	50,725,720	44,679	68,247,226	66,226,997	(2,020,230)
Rehabilitation Facility	533,994	3,279,729	2,976,418	(303,311)	4,273,665	3,936,772	(336,893)
<b>Non-Hospital Services</b>							
Physician Services	5,052,349	45,717,777	54,965,059	9,247,282	62,774,927	74,193,340	11,418,413
Lab and Radiology Services	922,460	9,966,374	10,868,460	902,085	13,584,560	14,545,600	961,040
Other Practitioner Services	237,252	2,148,644	2,158,359	9,715	2,883,679	2,801,147	(82,532)
Clinic Services	1,754,875	17,185,657	17,674,741	489,084	23,427,619	23,042,428	(385,191)
DME/Prosthetics	2,105,259	18,625,588	19,310,747	685,159	25,107,714	25,479,710	371,995
Medical Supplies	1,907,697	16,301,969	15,743,969	(558,000)	22,215,536	20,818,864	(1,396,672)
Transportation	1,052,606	9,935,515	10,751,986	816,471	13,512,694	14,121,574	608,881
Other Non-Hospital	801,573	8,125,995	8,868,816	742,822	11,000,149	11,931,545	931,397
<b>Pharmacy</b>							
Prescribed Drugs	19,798,795	173,702,297	183,611,963	9,909,666	235,490,424	238,952,550	3,462,126
OTC Drugs	166,478	1,595,688	1,808,408	212,720	2,142,908	2,361,362	218,453
<b>Dental Services</b>							
Traditional	1,191,331	10,713,211	10,666,867	(46,344)	14,500,277	14,587,126	86,849
Home Health Services	4,084,265	36,911,915	41,373,170	4,461,255	50,219,748	54,340,336	4,120,588
Targeted Case Management	53,557	400,332	463,276	62,944	578,160	597,815	19,654
First Steps	72,538	1,016,820	1,128,963	112,144	1,349,104	1,498,789	149,685
<b>Subtotal - State Plan Services</b>	<b>62,771,438</b>	<b>553,010,008</b>	<b>582,339,085</b>	<b>29,329,077</b>	<b>748,794,525</b>	<b>768,269,213</b>	<b>19,474,688</b>

<b>Total - Expenditures</b>	<b>88,311,966</b>	<b>782,196,873</b>	<b>816,492,130</b>	<b>34,295,258</b>	<b>1,062,223,687</b>	<b>1,093,197,639</b>	<b>30,973,952</b>
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### Per Enrollee

<b>Estimated Care Select Enrollees</b>	35,049	8,072	11,581	3,509	17,197	21,768	4,570
<b>Estimated Care Select Potential Enrollees</b>	39,839	65,571	63,534	(2,037)	56,844	53,629	(3,215)
<b>Estimated Care Select and Care Select Potential Enrollees</b>	74,888	73,644	75,115	1,472	74,041	75,397	1,356
<b>Cost per Enrollee per Month</b>	\$2,520	\$10,767	\$7,833	(\$2,933)	\$5,147	\$4,185	(\$962)

**Population Description: Non-institutionalized Aged, Blind, and Disabled recipients and Care Select children (wards, fosters, adoption assistance and transitions). Includes both those receiving care through Care Select as well as Care**

- Care Select transitions in the remaining regions are scheduled to occur during the remainder of the fiscal year, with autoassignment occurring in June. Wards, Fosters, and Transitions are scheduled for July - October 2008.
- FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.



## Traditional Medicaid - Summary

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### **Waiver Services**

Aged and Disabled Waiver	3,086,518	31,040,153	33,571,794	2,531,641	42,605,504	46,010,097	3,404,593
MFP Demonstration Grant	0	0	77,127	77,127	9,384	306,971	297,587
TBI	159,429	1,597,563	1,902,311	304,748	2,166,229	2,610,355	444,125
Autism	282,827	2,215,665	2,300,590	84,925	3,092,198	3,176,262	84,064
Support Services	1,212,419	10,065,676	11,682,021	1,616,345	13,807,369	16,808,787	3,001,418
DD Waiver	24,667,289	199,601,869	201,568,428	1,966,560	273,156,811	276,302,775	3,145,964
SED Waiver	0	9,545	2,415	(7,130)	9,545	2,415	(7,130)

#### **Subtotal - Waiver Services**

**29,408,482      244,530,471      251,104,688      6,574,216      334,847,041      345,217,661      10,370,620**

#### **DDRS Targeted Case Management**

798,424      7,099,180      7,514,896      415,716      9,559,764      10,252,930      693,166

#### **Inpatient Psychiatric Mental Health Rehabilitation**

980,155      6,792,374      6,537,231      (255,143)      8,934,680      8,710,884      (223,796)

#### **Traditional Other Mental Health Services**

7,471,996      71,316,357      74,932,596      3,616,239      96,546,567      100,890,446      4,343,879  
237,465      2,397,505      2,477,556      80,052      3,341,915      3,371,674      29,759

#### **PCCM Admin Fees**

1,860      409,372      884,265      474,893      414,532      1,184,672      770,141

#### **State Plan Services**

##### **Hospital Services**

Inpatient Hospital <sup>1</sup>	4,273,700	25,573,399	28,647,330	3,073,931	35,183,158	38,393,750	3,210,592
Outpatient Hospital	1,408,919	13,005,656	15,095,232	2,089,577	18,095,643	20,533,109	2,437,466
Rehabilitation Facility	548,742	3,616,829	3,508,658	(108,171)	4,786,152	4,734,589	(51,563)

##### **Non-Hospital Services**

Physician Services	1,614,716	12,075,426	15,931,110	3,855,684	17,049,715	22,143,738	5,094,023
Lab and Radiology Services	213,944	2,199,279	2,340,561	141,282	3,083,046	3,224,904	141,858
Other Practitioner Services	111,878	855,137	806,283	(48,854)	1,158,504	1,087,493	(71,010)
Clinic Services	612,837	4,522,041	5,163,264	641,224	6,277,776	7,010,452	732,675
DME/Prosthetics	667,486	7,305,543	7,294,102	(11,441)	9,763,885	9,850,920	87,035
Medical Supplies	1,358,106	9,175,360	9,267,318	91,958	12,082,490	12,625,995	543,506
Transportation	946,653	9,507,614	10,040,017	532,402	12,962,569	13,875,704	913,135
Other Non-Hospital	648,385	4,564,600	5,954,852	1,390,253	6,487,815	8,206,073	1,718,258
Pharmacy							
Prescribed Drugs	1,361,531	11,923,742	15,619,062	3,695,320	16,696,392	21,378,335	4,681,942
OTC Drugs	62,898	639,377	1,632,826	993,450	901,978	2,288,042	1,386,064
Dental Services							
Traditional	660,257	6,274,312	6,133,516	(140,796)	8,697,366	8,602,351	(95,015)
Home Health Services	3,444,054	32,929,216	35,334,286	2,405,070	44,619,443	48,230,703	3,611,260
Targeted Case Management	39,456	400,969	404,573	3,604	543,707	550,951	7,244
First Steps	750	19,444	27,457	8,013	23,882	38,654	14,773

#### **Subtotal - State Plan Services**

**17,974,313      144,587,943      163,200,448      18,612,505      198,413,520      222,775,764      24,362,244**

#### **Total - Expenditures**

**56,872,694      477,133,201      506,651,679      29,518,478      652,058,019      692,404,031      40,346,012**

### Per Enrollee

#### **Estimated Enrollees**

#### **Cost per Enrollee per Month**

80,070	79,359	79,527	167	79,385	79,847	462
\$710	\$668	\$708	\$40	\$684	\$723	\$38

**Population Description: Non-institutionalized Aged, Blind, and Disabled recipients, ineligible for Care Select.**

1. Favorable Inpatient Hospital and Pharmacy YTD variances are partly due to corrections for prior fiscal year overpayments.
2. FFS Physician bonuses were paid as a manual payment, leading to favorable MFR variance.

## Partial Medicaid Eligibility

**March-08**  
**4 Tuesdays in Month**

### Expenditures

	Current Month	SFY 2008 Year to Date		Variance	SFY 2008		Variance
	Actual	Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	271	20,329	9,861	(10,468)	28,490	14,250	(14,240)
<b>Mental Health Rehabilitation</b>							
Traditional	1,353	1,609	330	(1,279)	1,721	469	(1,252)
<b>Other Mental Health Services</b>	23,665	159,116	128,800	(30,316)	218,525	175,407	(43,118)
<b>PCCM Admin Fees</b>	0	908	2,373	1,465	908	3,214	2,306
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	36,438	379,265	360,638	(18,627)	514,583	482,539	(32,043)
Outpatient Hospital	115,434	897,684	925,835	28,151	1,235,913	1,258,830	22,917
Rehabilitation Facility	90	2,947	2,786	(161)	3,993	3,625	(368)
Non-Hospital Services							
Physician Services	105,290	599,883	675,363	75,480	828,553	947,160	118,607
Lab and Radiology Services	19,164	153,950	116,735	(37,216)	211,463	155,208	(56,255)
Other Practitioner Services	5,765	29,286	19,723	(9,563)	38,644	26,917	(11,726)
Clinic Services	43,403	353,132	345,021	(8,111)	488,083	465,422	(22,662)
DME/Prosthetics	43,049	436,144	372,946	(63,197)	587,203	498,670	(88,533)
Medical Supplies	21,353	167,690	143,426	(24,263)	234,824	189,570	(45,254)
Transportation	6,469	26,219	6,869	(19,350)	31,979	9,231	(22,748)
Other Non-Hospital	26,396	137,955	155,695	17,740	187,865	215,928	28,063
Pharmacy							
Prescribed Drugs	0	0	67	67	0	67	67
OTC Drugs	0	115	67	(48)	115	67	(48)
Dental Services							
Traditional	0	600	4,423	3,823	600	4,423	3,823
Home Health Services	0	390	103	(288)	370	103	(267)
Targeted Case Management	0	0	0	0	0	0	0
First Steps	0	0	0	0	0	0	0
<b>Subtotal - State Plan Services</b>	<b>422,850</b>	<b>3,185,261</b>	<b>3,129,696</b>	<b>(55,564)</b>	<b>4,364,187</b>	<b>4,257,760</b>	<b>(106,427)</b>
<b>Total - Expenditures</b>	<b>448,140</b>	<b>3,367,223</b>	<b>3,271,061</b>	<b>(96,162)</b>	<b>4,613,832</b>	<b>4,451,101</b>	<b>(162,731)</b>

### Per Enrollee

<b>Estimated Enrollees</b>	31,845	30,671	30,064	(607)	31,082	30,285	(796)
<b>Cost per Enrollee per Month</b>	\$14	\$12	\$12	(\$0)	\$12	\$12	(\$0)

Population Description: Individuals with partial Medicaid eligibility (QMB, SLMB, or QI)

## Summary Institutionalized Populations

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### ICF/MR

Small Group Homes	19,717,294	186,190,661	190,954,856	4,764,195	249,091,101	256,555,320	7,464,219
Large Private Facilities	1,371,599	13,125,140	12,799,843	(325,297)	17,578,980	17,108,713	(470,267)
State ICF/MR	1,448,785	15,508,342	16,892,436	1,384,094	31,553,948	22,429,632	(9,124,317)

#### Inpatient Psychiatric

#### Mental Health Rehabilitation

Traditional	282,718	2,619,829	3,152,277	532,448	3,519,666	4,321,856	802,189
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#### Other Mental Health Services

	140,685	1,324,805	1,664,995	340,190	1,814,415	2,234,855	420,440
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#### PCCM Admin Fees

	225	6,572	5,662	(910)	7,277	7,423	146
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#### State Plan Services

##### Hospital Services

Inpatient Hospital	2,040,328	17,410,875	16,746,183	(664,692)	23,396,111	22,506,039	(890,072)
Outpatient Hospital	323,589	3,324,098	3,428,056	103,958	4,489,634	4,634,635	145,001
Rehabilitation Facility	260,723	1,419,147	1,120,156	(298,991)	1,839,177	1,501,821	(337,355)

##### Non-Hospital Services

Physician Services	497,873	4,408,517	4,618,766	210,249	5,983,223	6,456,524	473,301
Lab and Radiology Services	112,024	1,135,651	1,140,488	4,837	1,538,230	1,548,569	10,339
Other Practitioner Services	131,699	696,798	672,528	(24,270)	922,038	913,861	(8,177)
Clinic Services	489,196	4,347,708	3,922,111	(425,597)	5,781,375	5,258,292	(523,083)
DME/Prosthetics	119,102	1,394,977	1,516,253	121,277	1,842,971	2,043,964	200,993
Medical Supplies	242,951	1,846,929	1,123,426	(723,502)	2,328,391	1,522,200	(806,191)
Transportation	646,010	6,634,142	6,655,800	21,658	8,868,638	9,108,133	239,495
Other Non-Hospital	242,042	2,043,565	1,881,159	(162,406)	2,727,920	2,538,235	(189,684)
Pharmacy							
Prescribed Drugs	1,242,616	19,769,666	21,115,039	1,345,374	27,351,777	28,576,590	1,224,813
OTC Drugs	267,372	2,781,316	4,016,892	1,235,576	3,463,216	5,426,963	1,963,747
Dental Services							
Traditional	314,066	3,161,371	3,135,747	(25,624)	4,331,339	4,407,297	75,959
Home Health Services	38,691	468,737	330,992	(137,744)	587,994	438,680	(149,313)
Targeted Case Management	13,141	149,734	158,209	8,475	193,733	199,476	5,742
First Steps	0	1,230	3,308	2,078	1,511	4,643	3,132

#### Subtotal - State Plan Services

	6,981,420	70,994,458	71,585,114	590,656	95,647,278	97,085,925	1,438,646
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#### Total - Expenditures

	114,193,795	1,120,581,180	1,152,800,814	32,219,634	1,502,894,463	1,539,837,600	36,943,136
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### Per Enrollee

#### Estimated Enrollees

#### Cost per Enrollee per Month

33,271	33,594	33,808	215	33,545	33,707	162
\$3,432	\$3,706	\$3,789	\$82	\$3,734	\$3,807	\$73

**Population Description: Institutionalized recipients, those with Nursing Facility, Hospice, or ICF/MR level of care.**

1. SFY 2008 decrease in residents corresponds to targeted transitions to the Aged and Disabled Waiver.
2. Expenditures reflect termination of \$5/day reduction on July 1, 2007 and implementation of the Revised Case Mix Methodology (7% gross rate cap before case mix adjustments), effective October 2007.
3. Paid amounts for the OTC Drugs are emerging lower than budgeted due to the reassignment of certain expenditures into category of service "0803" (Medical Supplies line item).
4. Forecasted Small Group Home expenditures assume July 2008 implementation of the reimbursement reduction corresponding to the January 1, 2008 0.5% reduction in ICF/MR assessment fees.

## Institutionalized Populations - Nursing Home and Hospice

**March-08**  
**4 Tuesdays in Month**

### Expenditures

	Current Month Actual	SFY 2008 Year to Date		Variance	SFY 2008		Variance
		Actual Spent	Budget		Forecast	Budget	
<b>Inpatient Psychiatric</b>	35,245	330,438	374,877	44,438	436,493	496,268	59,775
<b>Mental Health Rehabilitation</b>							
Traditional	234,435	2,164,674	2,631,647	466,974	2,909,619	3,610,639	701,020
<b>Other Mental Health Services</b>	86,804	872,156	1,225,092	352,936	1,210,634	1,640,659	430,025
<b>PCCM Admin Fees</b>	225	6,172	5,483	(689)	6,819	7,206	388
<b>State Plan Services</b>							
Hospital Services							
Inpatient Hospital	1,935,514	16,197,570	15,845,016	(352,553)	21,790,912	21,285,374	(505,538)
Outpatient Hospital	263,542	2,711,678	2,903,897	192,219	3,681,392	3,929,924	248,532
Rehabilitation Facility	260,656	1,406,417	1,110,829	(295,588)	1,823,633	1,488,646	(334,987)
Non-Hospital Services							
Physician Services	420,805	3,813,296	3,966,918	153,622	5,166,854	5,543,342	376,488
Lab and Radiology Services	95,566	979,409	972,937	(6,472)	1,326,230	1,321,735	(4,496)
Other Practitioner Services	119,703	598,095	572,087	(26,008)	788,002	778,170	(9,832)
Clinic Services	451,575	3,991,535	3,615,216	(376,319)	5,306,774	4,844,983	(461,791)
DME/Prosthetics	83,368	1,064,606	1,167,372	102,766	1,407,935	1,573,322	165,388
Medical Supplies	222,973	1,705,629	1,050,733	(654,896)	2,158,949	1,422,889	(736,060)
Transportation	587,498	5,977,636	6,338,903	361,267	8,052,934	8,721,115	668,181
Other Non-Hospital	225,963	1,918,908	1,747,187	(171,720)	2,559,256	2,355,200	(204,055)
Pharmacy							
Prescribed Drugs	600,360	13,388,955	14,492,273	1,103,319	18,694,808	19,647,662	952,854
OTC Drugs <sup>3</sup>	241,150	2,495,493	3,650,464	1,154,971	3,084,500	4,933,834	1,849,334
Dental Services							
Traditional	235,934	2,387,410	2,347,535	(39,874)	3,251,499	3,287,481	35,981
Home Health Services	34,630	435,458	319,294	(116,164)	538,869	422,595	(116,274)
Targeted Case Management	13,123	145,081	122,401	(22,680)	187,433	163,668	(23,765)
First Steps	0	1,230	3,308	2,078	1,511	4,643	3,132
<b>Subtotal - State Plan Services</b>	<b>5,792,358</b>	<b>59,218,404</b>	<b>60,226,370</b>	<b>1,007,966</b>	<b>79,821,492</b>	<b>81,724,584</b>	<b>1,903,092</b>
<b>Total - Expenditures</b>	<b>90,336,984</b>	<b>892,674,820</b>	<b>919,479,085</b>	<b>26,804,265</b>	<b>1,187,103,093</b>	<b>1,226,608,118</b>	<b>39,505,025</b>

### Per Enrollee

**Estimated Enrollees**

**Cost per Enrollee per Month**

29,234	29,553	29,663	109	29,497	29,556	59
\$3,090	\$3,356	\$3,444	\$88	\$3,354	\$3,458	\$105

**Population Description: Nursing Facility and Hospice recipients**

- SFY 2008 decrease in residents corresponds to targeted transitions to the Aged and Disabled Waiver.
- Expenditures reflect termination of \$5/day reduction on July 1, 2007 and implementation of the Revised Case Mix Methodology (7% gross rate cap before case mix adjustments), effective October 2007.
- Paid amounts for the OTC Drugs are emerging lower than budgeted due to the reassignment of certain expenditures into category "0803" (Medical Supplies line item).

## Institutionalized Populations - ICFMR

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### ICF/MR

Small Group Homes <sup>2</sup>	19,717,294	186,190,661	190,954,856	4,764,195	249,091,101	256,555,320	7,464,219
Large Private Facilities	1,371,599	13,125,140	12,799,843	(325,297)	17,578,980	17,108,713	(470,267)
State ICF/MR	1,448,785	15,508,342	16,892,436	1,384,094	31,553,948	22,429,632	(9,124,317)

#### Inpatient Psychiatric

#### Mental Health Rehabilitation

RBMC	27,907	397,957	355,138	(42,819)	527,267	468,847	(58,420)
Traditional	48,283	455,155	520,629	65,474	610,048	711,216	101,169

#### Other Mental Health Services

	53,881	452,649	439,903	(12,746)	603,781	594,196	(9,585)
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#### PCCM Admin Fees

	0	400	179	(221)	458	217	(241)
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#### State Plan Services

##### Hospital Services

Inpatient Hospital	104,813	1,213,305	901,166	(312,139)	1,605,199	1,220,665	(384,534)
Outpatient Hospital	60,047	612,420	524,159	(88,261)	808,242	704,711	(103,531)
Rehabilitation Facility	67	12,730	9,327	(3,404)	15,544	13,176	(2,368)

##### Non-Hospital Services

Physician Services	77,067	595,221	651,848	56,627	816,368	913,181	96,813
Lab and Radiology Services	16,458	156,242	167,552	11,309	212,000	226,835	14,835
Other Practitioner Services	11,996	98,703	100,441	1,738	134,037	135,691	1,654
Clinic Services	37,621	356,173	306,895	(49,278)	474,601	413,309	(61,292)
DME/Prosthetics	35,734	330,371	348,882	18,511	435,036	470,642	35,605
Medical Supplies	19,978	141,299	72,693	(68,606)	169,442	99,311	(70,131)
Transportation	58,512	656,506	316,897	(339,609)	815,704	387,018	(428,685)
Other Non-Hospital	16,079	124,657	133,972	9,315	168,664	183,035	14,371

##### Pharmacy

Prescribed Drugs	642,256	6,380,711	6,622,766	242,055	8,656,969	8,928,929	271,959
OTC Drugs <sup>1</sup>	26,222	285,823	366,428	80,605	378,716	493,129	114,413

##### Dental Services

Traditional	78,131	773,961	788,211	14,250	1,079,840	1,119,817	39,977
Home Health Services	4,061	33,279	11,699	(21,580)	49,124	16,085	(33,039)

##### Targeted Case Management

	18	4,653	35,808	31,154	6,300	35,808	29,508
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##### First Steps

	0	0	0	0	0	0	0
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#### Subtotal - State Plan Services

	1,189,062	11,776,054	11,358,744	(417,311)	15,825,786	15,361,341	(464,446)
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#### Total - Expenditures

	23,856,811	227,906,360	233,321,729	5,415,370	315,791,370	313,229,481	(2,561,889)
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### Per Enrollee

#### Estimated Enrollees

#### Cost per Enrollee per Month

4,037	4,040	4,146	105	4,048	4,151	103
\$5,910	\$6,268	\$6,253	(\$14)	\$6,501	\$6,288	(\$213)

#### Population Description: ICF/MR recipients

1. Paid amounts for the OTC Drugs are emerging lower than budgeted due to the reassignment of certain expenditures into category of service "0803" (Medical Supplies line item).
2. Forecasted Small Group Home expenditures assume July 2008 implementation of the reimbursement reduction corresponding to the January 1, 2008 0.5% reduction in ICF/MR assessment fees.

## Other OMPP Direct Expenditures and Collections

**March-08**  
**4 Tuesdays in Month**

### Expenditures

#### Other Expenditures and Collections

	Current Month Actual	SFY 2008 Year to Date		Variance	SFY 2008		Variance
		Actual Spent	Budget		Forecast	Budget	
Medicare Buy-in Payments <sup>1</sup>	13,034,327	116,922,586	117,172,017	249,432	156,886,732	157,847,832	961,100
Part D Clawback Payments <sup>2</sup>	7,273,587	66,825,062	68,374,869	1,549,807	90,298,660	92,320,945	2,022,285
Pharmacy Rebates <sup>3,4</sup>	(1,245,247)	(86,909,434)	(75,792,091)	11,117,343	(115,683,975)	(95,044,408)	20,639,568
TPL <sup>5,6</sup>	(1,313,685)	(10,601,771)	(16,027,005)	(5,425,235)	(14,109,075)	(21,550,130)	(7,441,056)
CHIP II Premiums	(356,709)	(3,142,188)	(3,043,445)	98,743	(4,258,013)	(4,065,253)	192,760
MedWorks Premiums	(143,895)	(1,255,037)	(1,247,427)	7,610	(1,686,721)	(1,663,236)	23,485
<b>Total - Expenditures</b>	<b>17,248,377</b>	<b>81,839,218</b>	<b>89,436,918</b>	<b>7,597,700</b>	<b>111,447,608</b>	<b>127,845,751</b>	<b>16,398,143</b>

1. Medicare Buy-In: January 1, 2008 assumed increases of 2.7% for Part A and 3.1% for Part B

2. Medicare Part D: January 1, 2008 increase of 7% assumed. Medicare Part D expenditures are State Only dollars.

3. Pharmacy Rebates: The forecast assumes rebate revenue will be approximately 30% of FFS pharmacy expenditures. It also reflects an additional \$11 million in revenue, related to an ACS claims load error -\$3.7 million remains to be collected.

4. Pharmacy rebates paid in March have not yet been included. Favorable variance is likely to increase when this receivable is incorporated into the financials.

5. TPL includes HMS Health Insurance Recovery and Casualty Collections, per guidance from the State Budget Agency.

6. TPL no longer includes claims-based recoveries to avoid double counting.

# Quarterly Financial Review



## Medicaid Administration & Other Financials

# CHIP Administration



## Expenditures

.1 Salaries, Wages & Fringe Benefits
.2 Communications
.3 Consulting/Outsourced Contracts
.4 Supplies/Printing
.7 Program Admin./Direct Service Contracts
.8 In State Travel
<b>Total - Expenditures</b>

Current Month Actual	SFY 2008 Year To Date		Variance	SFY 2008		
	Actual	Budget		Forecast	Budget	Variance
7,022	7,022	398,250	391,228	28,088	531,000	502,912
193	1,086	2,894	1,808	2,433	3,859	1,426
191,983	1,230,622	1,538,250	307,628	1,640,829	2,051,000	410,171
214	414	0	(414)	800	0	(800)
6,026	447,023	1,974,506	1,527,484	596,031	2,632,675	2,036,644
(107)	(107)	0	107	0	0	0
<b>205,331</b>	<b>1,686,060</b>	<b>3,913,901</b>	<b>2,227,840</b>	<b>2,268,181</b>	<b>5,218,534</b>	<b>2,950,353</b>



# OMPP Administration



## Expenditures

.1 Salaries, Wages & Fringe Benefits <sup>1,2</sup>
.2 Communications
.3 Consulting/Outsourced Contracts
.4 Supplies/Printing
.5 Equipment/Furniture
.7 Program Admin./Direct Service Contracts
.8 In State Travel
.9 Out of State Travel
<b>Total - Expenditures</b>

Current Month Actual	SFY 2008 Year To Date		Variance	SFY 2008		
	Actual	Budget		Forecast	Budget	Variance
(355,929)	3,340,438	4,880,553	1,540,115	3,170,189	6,507,405	3,337,216
6,733	57,224	53,564	(3,660)	72,000	71,419	(581)
79,875	406,205	87,612	(318,593)	1,457,877	116,816	(1,341,061)
3,948	31,419	8,454	(22,965)	31,269	11,272	(19,997)
0	6,793	18,375	11,582	30,500	24,500	(6,000)
335	7,155	4,500	(2,655)	10,000	6,000	(4,000)
1,385	4,188	5,588	1,399	4,673	7,450	2,777
135	12,430	12,975	545	42,430	17,300	(25,130)
(263,517)	3,865,852	5,071,622	1,205,769	4,818,938	6,762,162	1,943,224

1 Salaries receive an FMAP of 50% or 75%.

2 Salaries for current month reflect cost allocation.

# Disabled Eligibility Exams



## Expenditures

- .1 Salaries, Wages & Fringe Benefits
- .7 Program Admin./Direct Service Contracts
- Total - Expenditures**

Current Month Actual	<i>SFY 2008 Year To Date</i>		Variance	<i>SFY 2008</i>		
	Actual	Budget		Forecast	Budget	Variance
36,424	36,424	592,953	556,529	145,696	209,396	63,700
42,461	540,453	592,953	52,500	720,604	790,604	70,000
<b>78,885</b>	<b>576,877</b>	<b>1,185,906</b>	<b>609,029</b>	<b>866,300</b>	<b>1,000,000</b>	<b>133,700</b>

# Prescription Drug Program (HoosierRx)



## Expenditures

- .1 Salaries, Wages & Fringe Benefits
- .2 Communications
- .3 Consulting/Outsourced Contracts
- .4 Supplies/Printing
- .7 Program Admin./Direct Service Contracts
- .8 In State Travel
- .9 Out of State Travel

## **Total - Expenditures**

Current Month Actual	SFY 2008 Year To Date		Variance	SFY 2008		
	Actual	Budget		Forecast	Budget	Variance
7,387	137,384	133,256	(4,128)	205,160	177,674	(27,486)
331	21,318	0	(21,318)	31,835	0	(31,835)
55,205	694,104	1,551,534	857,430	2,010,000	2,068,712	58,712
0	10,177	12,236	2,058	13,000	16,314	3,314
81,731	81,731	4,226,250	4,144,519	90,000	5,635,000	5,545,000
0	52	600	548	325	800	475
0	0	1,125	1,125	0	1,500	1,500
<b>144,653</b>	<b>944,765</b>	<b>5,925,000</b>	<b>4,980,235</b>	<b>2,350,320</b>	<b>7,900,000</b>	<b>5,549,680</b>

## Notes:

- Enrollment: 2,510
- HoosierRx pays for Medicare Part D premiums for persons at or over age 65.
- State prescription drug program for seniors to assist with Medicare Part D premiums.
- Funds obtained through Tobacco Settlement Fund 1999.

# Medicaid Administration



## Expenditures

.1 Salaries, Wages & Fringe Benefits <sup>2</sup>
.2 Communications
.3 Consulting/Outsourced Contracts
.4 Supplies/Printing
.7 Program Admin./Direct Service Contracts
.9 Out of State Travel
<b>Total - Expenditures</b>

Current Month Actual	SFY 2008 Year To Date		Variance	SFY 2008		
	Actual	Budget		Forecast	Budget	Variance
731,805	731,805	0	(731,805)	2,743,703	0	(2,743,703)
0	76,087	6,375	(69,712)	79,000	8,500	(70,500)
4,738,288	48,952,900	58,540,556	9,587,656	82,700,292	78,054,074	(4,646,218)
0	0	750	750	0	1,000	1,000
672,132	5,255,188	2,250,000	(3,005,188)	7,006,917	3,000,000	(4,006,917)
0	895	0	(895)	0	0	0
6,142,226	55,016,875	60,797,681	5,780,805	92,529,912	81,063,574	(11,466,338)

- 1 Does not include prior year cost allocation expenses from other programs to the Medicaid grant in current year "Actual Spend". These expenses have no impact on current year general funds. (\$9.2 Million)
- 2 Cost allocation of salaries & fringe benefits.

# Healthy Indiana Plan



## Expenditures

- .1 Salaries, Wages & Fringe Benefits
- .2 Communications
- .3 Consulting/Outsourced Contracts
- .4 Supplies/Printing
- .7 Program Admin./Direct Service Contracts
- .9 Out of State Travel

### **Total - Expenditures**

Current Month Actual	SFY 2008 Year To Date		Variance	SFY 2008		
	Actual	Budget		Forecast	Budget	Variance
52,979	52,979	294,000	241,021	514,500	514,500	0
0	26	783,486	783,459	1,371,100	1,371,100	0
3,996,588	14,435,214	64,318,545	49,883,331	112,557,454	112,557,454	0
0	2,765	0	(2,765)	0	0	0
1,828,788	2,372,541	0	(2,372,541)	0	0	0
0	236	0	(236)	0	0	0
<b>5,878,356</b>	<b>16,863,761</b>	<b>65,396,031</b>	<b>48,532,270</b>	<b>114,443,054</b>	<b>114,443,054</b>	<b>0</b>

### Notes:

- Forecast includes all startup cost for implementation of HIP January 1<sup>st</sup> 2008
- Actual spent does not include expenses incurred early in SFY08. Expenses were originally captured in various accounts and will be transferred into HIP. Variance attributable to provider billing delays.

# Quarterly Financial Review



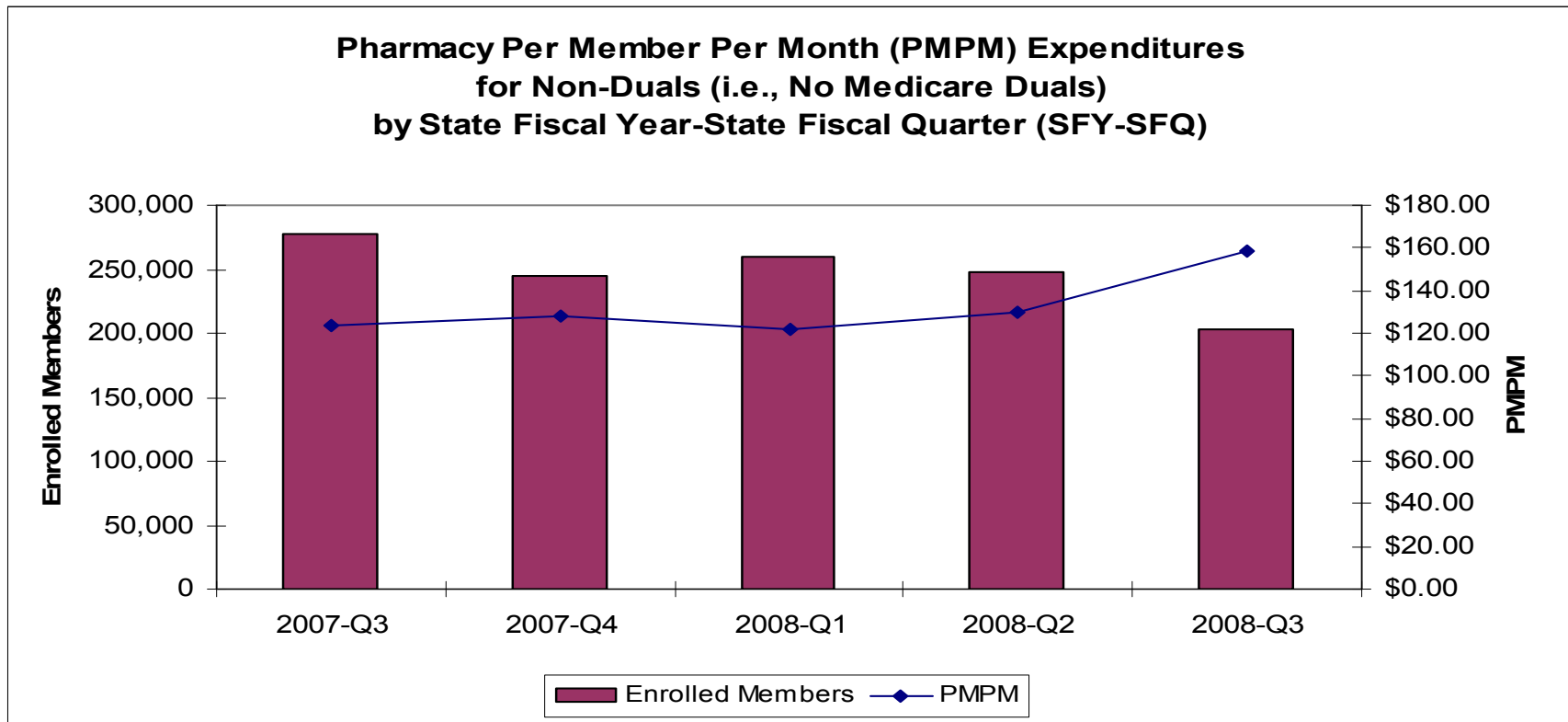
## Pharmacy

# Pharmacy Program Core Metrics



- State Maximum Allowable Cost Program
  - Sets maximum reimbursement rates for generic prescription drugs based on monthly pharmacy provider acquisition cost surveys
  - 97% of all generic prescription reimbursement is based on these rates. Hemophilia products are being added in August 2008. Drug groups subject to the program have increased 7-fold since 2002
  - For SFY 2008, program is estimated to save \$39.5 million. SFY 2005 to present: \$172 million. Administrative cost~\$300K/year
- Rebate Collection Rate and Preferred Drug List
  - Percentage of federal and supplemental rebates collected as compared to total pharmacy spend
  - Current collection rate is at 34% of total drug spend. 2003 collection rate was 21.5%. Increases due to effective Preferred Drug List (PDL) management (\$51 million saved since 2002), decreasing PhRMA innovation, and the Deficit Reduction Act of 2005
  - Since 2003, the number of drug classes reviewed under the PDL has increased from 52 to 79
- Generic Dispensing Rate
  - Percentage of paid generic prescription drug claims as compared to the total number of paid prescription drug claims
  - Current generic dispensing rate is 75.25%. 2003 rate was 59%
  - On the average, each 1% increase results in a 1% decrease in pharmacy spend

# Pharmacy Program Core Metrics



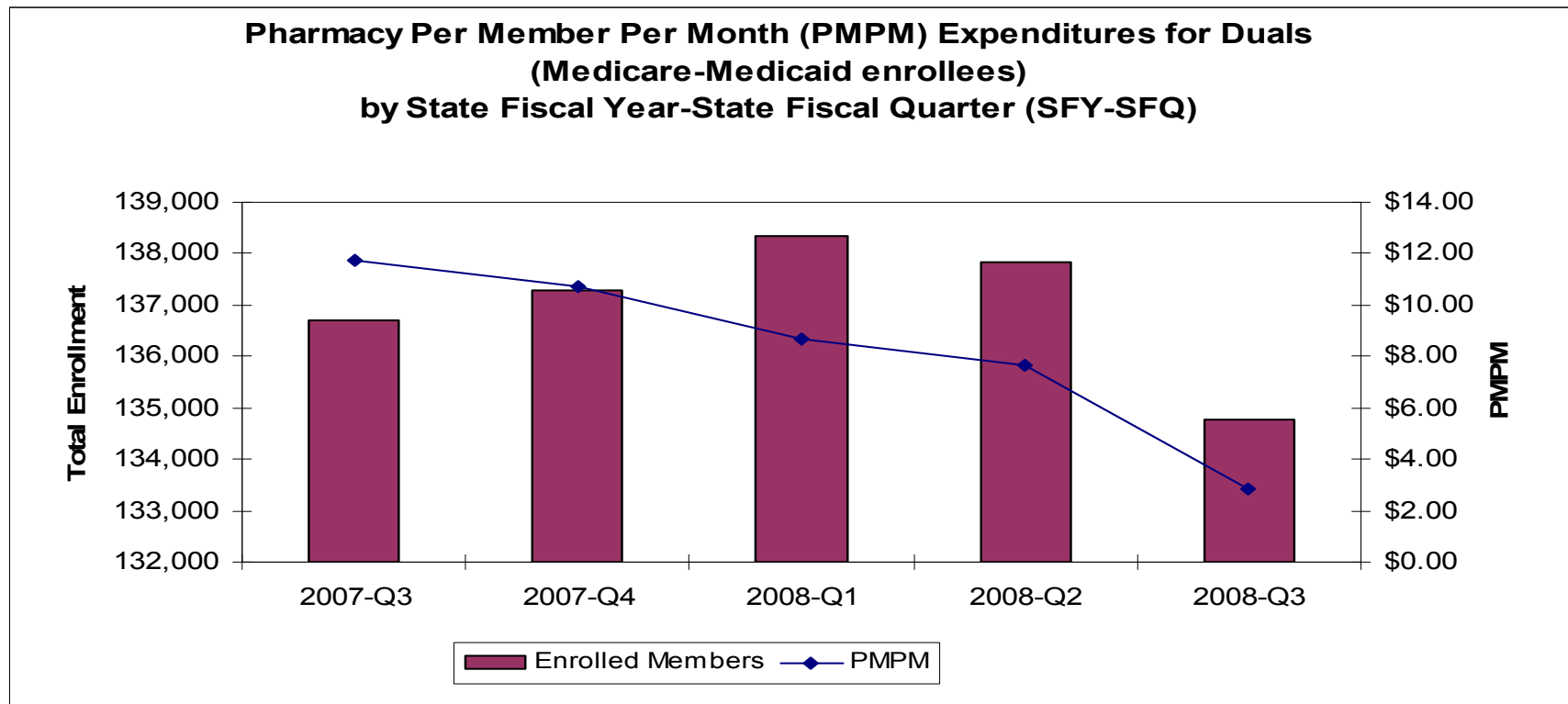
**Notes:**

- Traditional Medicaid Pharmacy Program
- Enrollment is not complete in current quarter(s) due to retro-eligibility (and thus overstating PMPM).

**Source:** MedInsight.



# Pharmacy Program Core Metrics



**Notes:**

- Traditional Medicaid Pharmacy Program
- Enrollment is not complete in current quarter(s) due to retro-eligibility (and thus overstating PMPM).

**Source:** MedInsight.

# Traditional Medicaid-Top 25 Drugs by Paid Amount-SFY 2008 3<sup>rd</sup> Quarter



Rank	Drug Name	Number of Prescriptions	% of Total Claims	Total Amount Paid	Average Payment per Prescription	Average Qty Dispensed
1.	ZYPREXA 20 MG TABLET	1,387.	1.79%	\$1,076,135.17	\$775.87	33.51
2.	NOVOSEVEN 4,800 MCG VIAL	6.	0.01%	\$979,662.00	\$163,277.00	125,600.00
3.	DEPAKOTE ER 500 MG TAB SA	5,181.	6.67%	\$921,626.30	\$177.89	57.81
4.	SEROQUEL 300 MG TABLET	2,332.	3.00%	\$916,129.75	\$392.85	46.79
5.	PLAVIX 75 MG TABLET	5,944.	7.66%	\$805,283.85	\$135.48	28.70
6.	ABILIFY 20 MG TABLET	1,560.	2.01%	\$796,729.66	\$510.72	29.03
7.	SEROQUEL 200 MG TABLET	2,696.	3.47%	\$765,129.80	\$283.80	35.62
8.	ABILIFY 10 MG TABLET	2,306.	2.97%	\$749,657.94	\$325.09	25.00
9.	RISPERDAL 2 MG TABLET	2,631.	3.39%	\$721,088.16	\$274.07	39.89
10.	ADVATE 1,801-2,400 UNITS VIAL	14.	0.02%	\$697,835.34	\$49,845.38	39,792.57
11.	GEODON 80 MG CAPSULE	1,966.	2.53%	\$684,371.58	\$348.10	46.28
12.	LANTUS 100 UNITS/ML VIAL	5,056.	6.51%	\$682,119.58	\$134.91	16.73
13.	ZYPREXA 15 MG TABLET	1,013.	1.31%	\$658,333.46	\$649.88	33.86
14.	TOPAMAX 100 MG TABLET	2,385.	3.07%	\$649,094.61	\$272.16	67.68
15.	RISPERDAL 1 MG TABLET	3,760.	4.84%	\$643,058.84	\$171.03	40.32
16.	SEROQUEL 400 MG TABLET	1,411.	1.82%	\$638,350.69	\$452.41	42.07
17.	ADVAIR 250-50 DISKUS	3,422.	4.41%	\$631,365.71	\$184.50	52.57
18.	ABILIFY 15 MG TABLET	1,969.	2.54%	\$630,989.41	\$320.46	23.13
19.	ZYPREXA 10 MG TABLET	1,748.	2.25%	\$614,202.55	\$351.37	28.83
20.	RECOMBINATE 801-1,240 UNITS VL	17.	0.02%	\$614,144.50	\$36,126.15	27,827.53
21.	KEPPRA 500 MG TABLET	2,243.	2.89%	\$599,669.32	\$267.35	102.01
22.	CYMBALTA 60 MG CAPSULE	4,909.	6.32%	\$590,709.79	\$120.33	27.11
23.	LAMICTAL 100 MG TABLET	2,726.	3.51%	\$541,565.00	\$198.67	45.79
24.	DEPAKOTE 500 MG TABLET EC	2,310.	2.98%	\$541,448.59	\$234.39	60.52
25.	PRILOSEC OTC 20 MG TABLET	18,629.	24.00%	\$530,478.24	\$28.48	32.49
	Totals	77,621.	100.00 %	\$17,679,179.84		

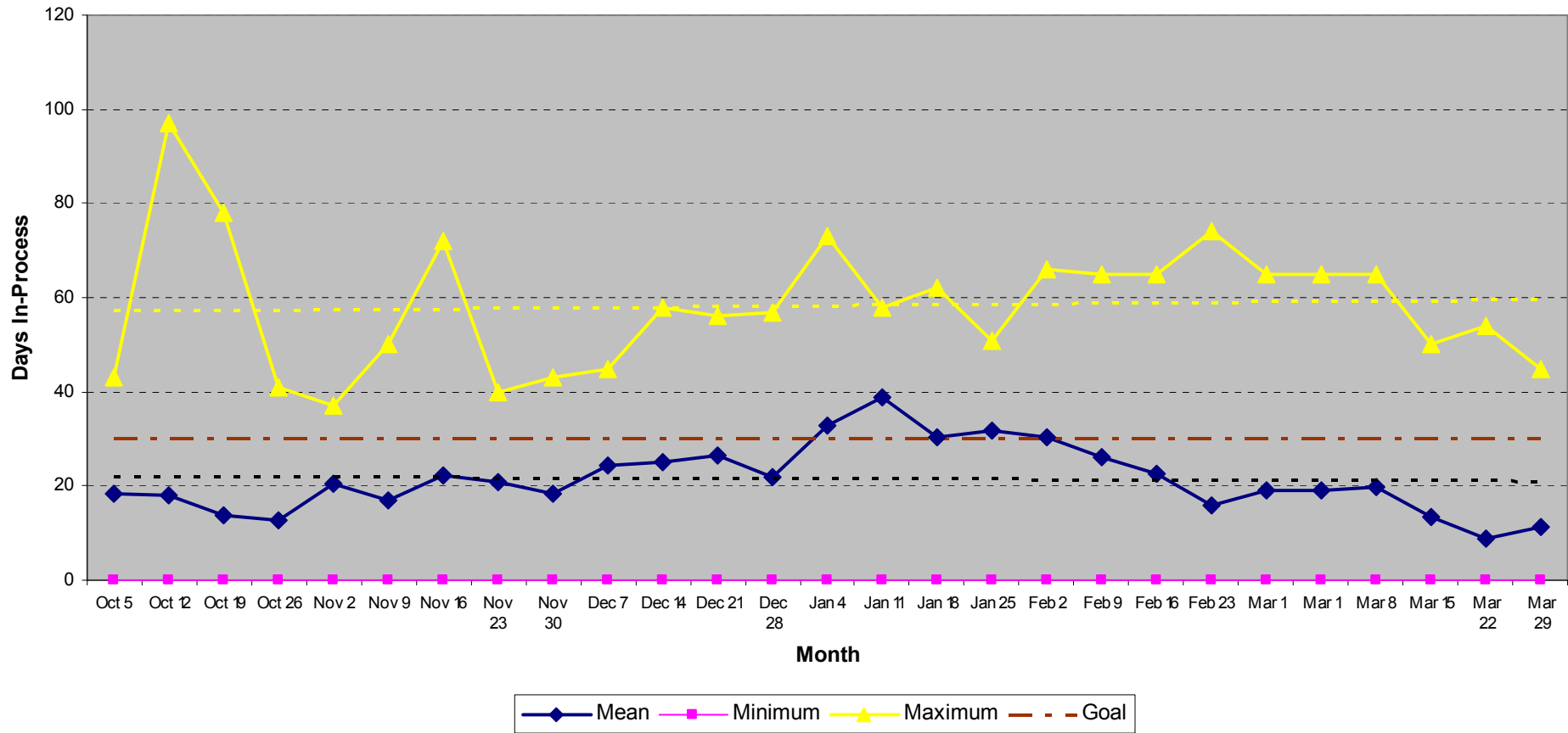
# Traditional Medicaid-Top 25 Therapeutic Classes by Paid Amount-SFY 2008 3<sup>rd</sup> Quarter



Rank	Thera Class Code Spec Description	Amount Paid	% of Amount Paid for Top 25	Claim Count	Avg Payment Per Claim
1.	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	\$12,511,784.66	23.49%	43,046.	\$290.66
2.	ANTICONSULSANTS	\$8,551,564.32	16.05%	83,476.	\$102.44
3.	ANTHEMOPHILIC FACTORS	\$5,166,928.72	9.70%	158.	\$32,702.08
4.	ANALGESICS, NARCOTICS	\$3,759,176.18	7.06%	82,868.	\$45.36
5.	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	\$3,382,483.60	6.35%	9,120.	\$370.89
6.	GASTRIC ACID SECRETION REDUCERS	\$2,352,526.84	4.42%	47,150.	\$49.89
7.	INSULINS	\$1,737,896.59	3.26%	13,607.	\$127.72
8.	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	\$1,656,963.31	3.11%	13,133.	\$126.17
9.	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	\$1,421,117.50	2.67%	12,236.	\$116.14
10.	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	\$1,312,972.41	2.46%	21,683.	\$60.55
11.	AGENTS TO TREAT MULTIPLE SCLEROSIS	\$1,123,259.15	2.11%	626.	\$1,794.34
12.	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	\$1,091,158.77	2.05%	36,575.	\$29.83
13.	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	\$1,013,089.90	1.90%	5,452.	\$185.82
14.	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	\$968,950.51	1.82%	10,052.	\$96.39
15.	PLATELET AGGREGATION INHIBITORS	\$865,123.76	1.62%	6,810.	\$127.04
16.	GLUCOCORTICOIDS	\$815,512.24	1.53%	13,963.	\$58.41
17.	ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	\$667,067.16	1.25%	4,272.	\$156.15
18.	LEUKOTRIENE RECEPTOR ANTAGONISTS	\$650,902.91	1.22%	6,681.	\$97.43
19.	IMMUNOSUPPRESSIVES	\$621,111.22	1.17%	1,598.	\$388.68
20.	BETA-ADRENERGIC AGENTS	\$619,400.43	1.16%	20,424.	\$30.33
21.	FACTOR IX PREPARATIONS	\$613,350.42	1.15%	24.	\$25,556.27
22.	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	\$602,498.50	1.13%	346.	\$1,741.33
23.	ANTIVIRAL MONOCLONAL ANTIBODIES	\$595,820.35	1.12%	354.	\$1,683.11
24.	LIPOTROPICS	\$589,219.95	1.11%	7,235.	\$81.44
25.	HEPARIN AND RELATED PREPARATIONS	\$578,197.13	1.09%	1,859.	\$311.03
Totals		\$53,268,076.53	100.00 %	442,748.	

## OMPP Operations Metrics

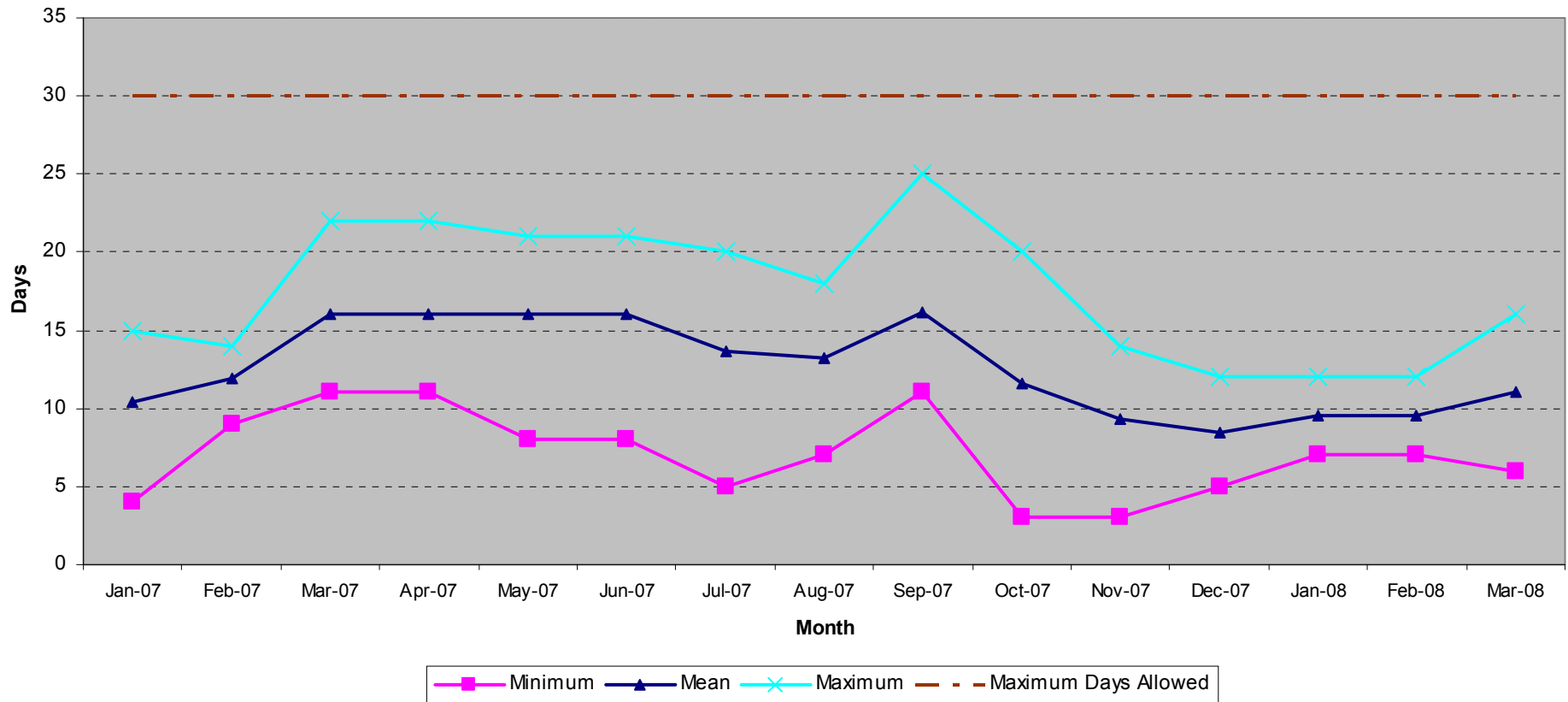
# Provider Enrollment Processing Time - Weekly



**Notes:** Measures the number of days required to process the enrollment of new Traditional Medicaid providers, or updates of existing Traditional Medicaid providers.

**Source:** Information supplied by EDS.

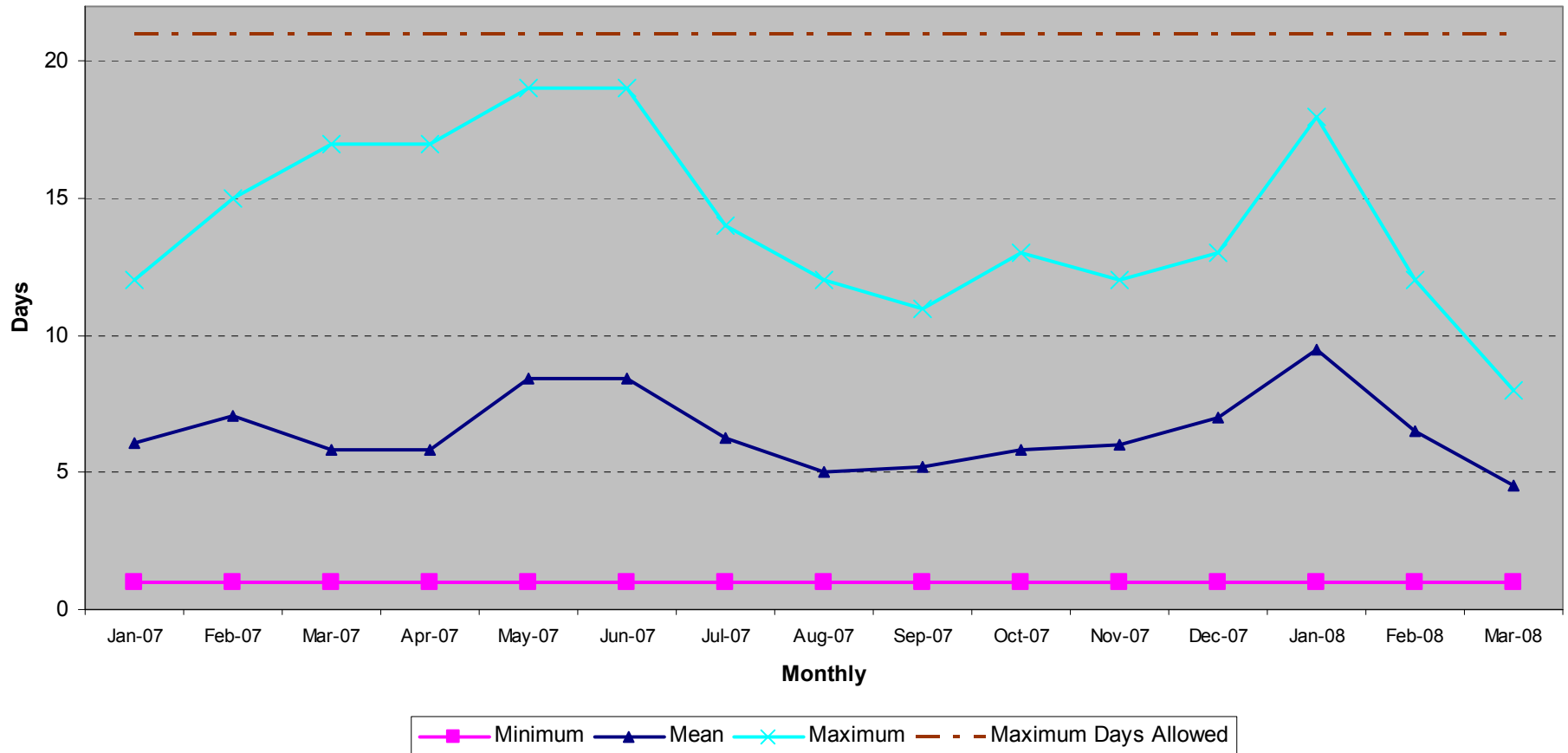
# Claims - Paper Processing Time - Monthly



**Notes:** Measures the number of days EDS takes to process all Traditional Medicaid provider claims.

**Source:** Information supplied by EDS.

# Claims - Electronic Processing Time - Monthly



**Notes:** Measures the number of days EDS takes to process all Traditional Medicaid provider claims.

**Source:** Information supplied by EDS.

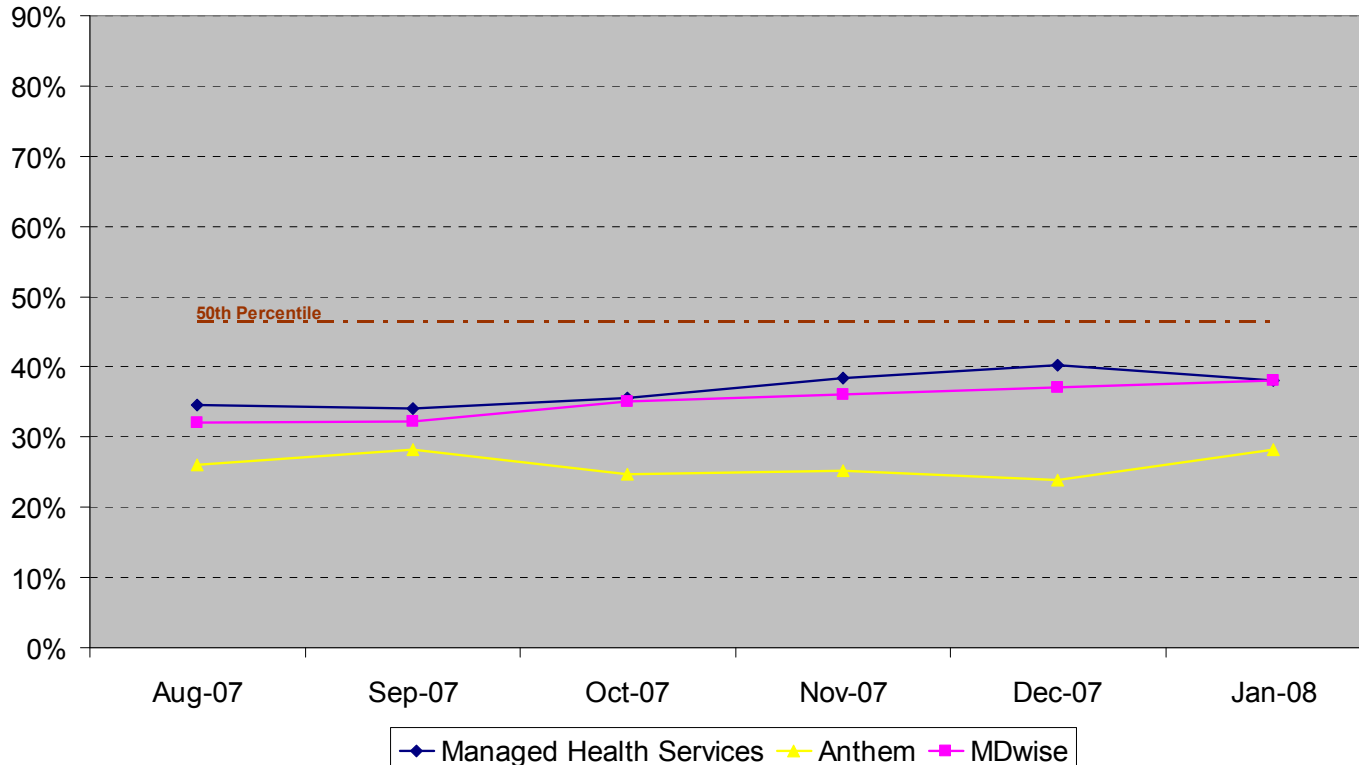
# Quarterly Financial Review



## Appendix



# Antidepressant Medication Management Effective Acute Phase Treatment



Benchmark	
MEAN	45.95%
10th Percentile	35.15%
25th Percentile	39.34%
50th Percentile	46.35%
75th Percentile	51.31%
90th Percentile	61.31%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Members 18 years of age and older diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.

**Exposure:** Patients 18 years and older with continuous enrollment 120 days prior to the Index Episode Start Date through 245 days after the Index Episode Start Date. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	136	394	133	390	140	393	153	398	156	387	166	436
Anthem	54	207	58	206	48	194	48	191	44	184	53	188
MDwise	270	843	269	834	286	816	295	817	327	883	320	842

## Notes

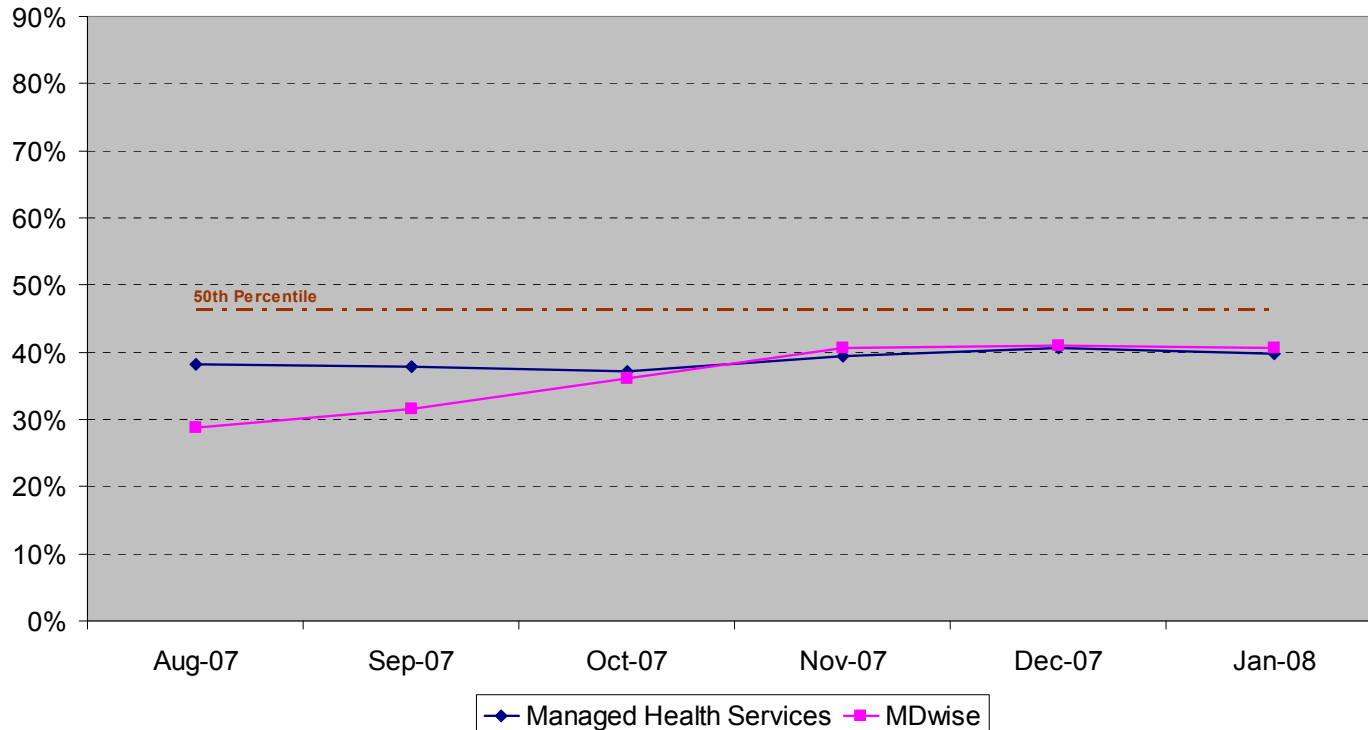
- Continuously enrolled in Medicaid.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Antidepressant Medication Management Effective Acute Phase Treatment



Benchmark	
MEAN	45.95%
10th Percentile	35.15%
25th Percentile	39.34%
50th Percentile	46.35%
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	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	71	186	70	185	69	186	74	188	73	180	77	194
MDwise	77	267	78	247	87	241	99	244	120	293	118	290

## Notes

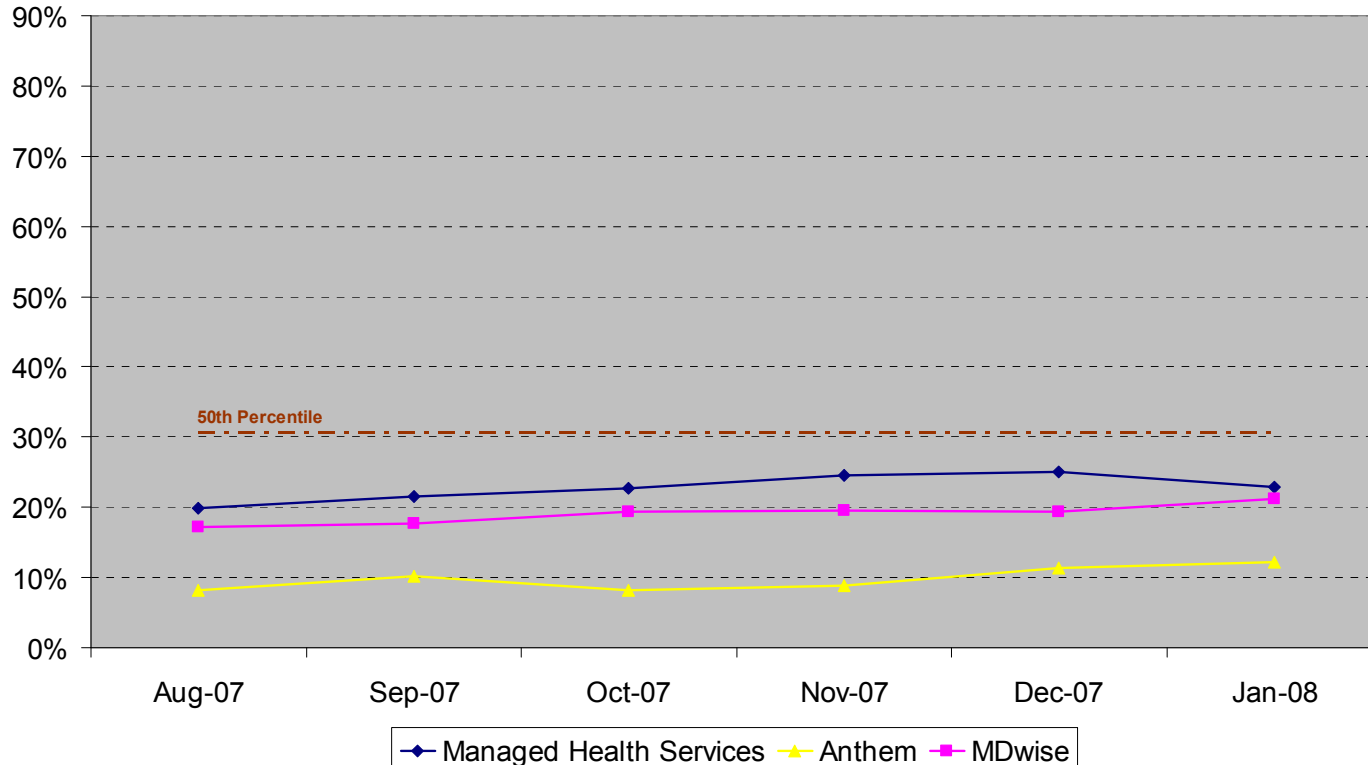
- Continuously enrolled with the same MCO.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Antidepressant Medication Management Effective Continuation Phase Treatment



Benchmark	
MEAN	30.26%
10th Percentile	16.46%
25th Percentile	24.69%
50th Percentile	30.77%
75th Percentile	35.59%
90th Percentile	44.62%

**Benchmarks:** Benchmarks selected based on National Quality Measures and Historical Data.

**Frequency:** Members 18 years of age and older diagnosed with a new episode of depression and treated with anti-depressant medication and who remained on an antidepressant drug for at least 180 days.

**Exposure:** Patients 18 years and older with continuous enrollment 120 days prior to the Index Episode Start Date through 245 days after the Index Episode Start Date. Each reported date contains 12 calendar months of experience.

	August 2007		September 2007		October 2007		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	78	394	84	390	89	393	98	398	97	387	100	436
Anthem	17	207	21	206	16	194	17	191	21	184	23	188
MDwise	145	843	147	834	158	816	160	817	171	883	178	842

## Notes

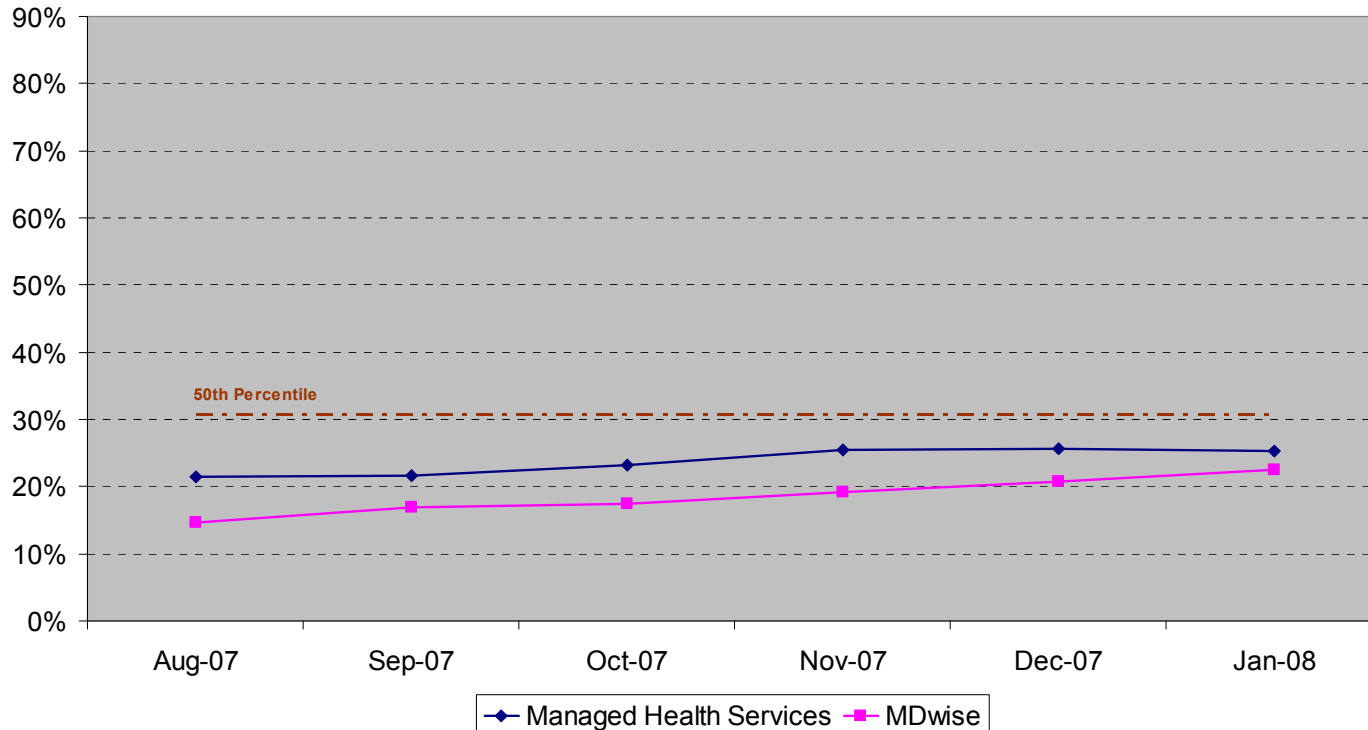
- Continuously enrolled in Medicaid.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA

# Antidepressant Medication Management Effective Continuation Phase Treatment



Benchmark	
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	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	40	186	40	185	43	186	48	188	46	180	49	194
MDwise	39	267	42	247	42	241	47	244	61	293	65	290

## Notes

- Continuously enrolled with the same MCO.
- Administrative Data.

April 2008

**Source:** MedInsight.

Data prepared by OMPP DMA